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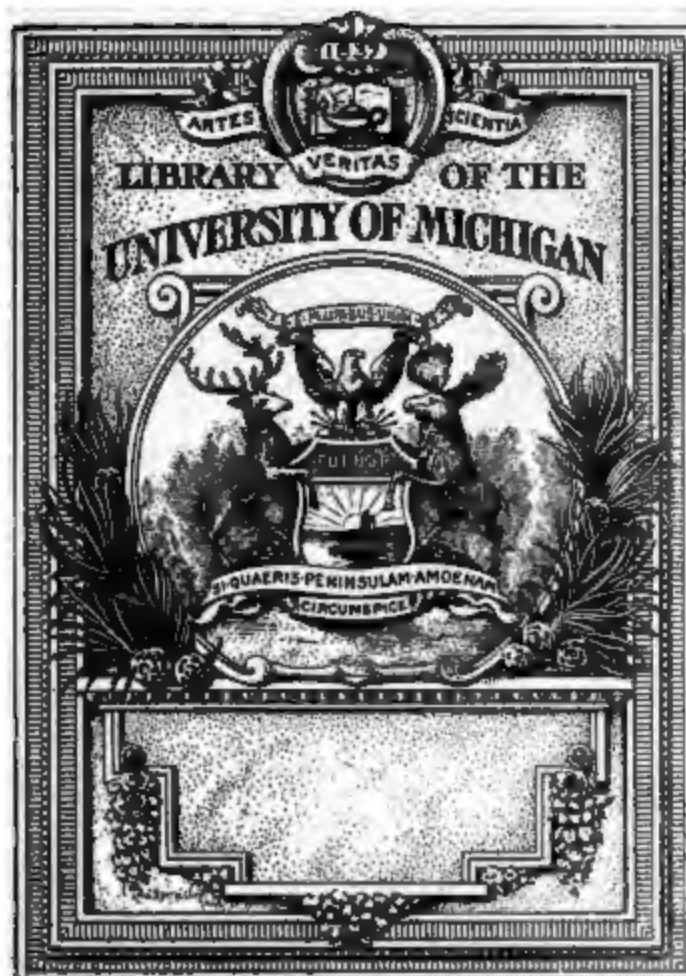
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SIMILIA SIMILIBUS CURANTUR.

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THE  
AMERICAN OBSERVER

MEDICAL MONTHLY:

DEVOTED TO

HOMŒOPATHIC MATERIA MEDICA,  
SURGERY, GYNÆCOLOGY, OBSTETRICS,  
OTOLOGY, OPHTHALMOLOGY,

PRACTICE OF MEDICINE,

PÆDONOSOLOGY, PATHOLOGY, PHYSIOLOGY, PHOSOLOGY, TOXICOLOGY,  
MEDICAL JURISPRUDENCE, MICROSCOPY, CHEMISTRY,  
BOTANY AND HYGIENE.

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"IN CERTIS UNITAS, IN DUBIIS LIBERTAS, IN OMNIBUS CHARITAS."

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NEW SERIES—VOLUME VIII.

FROM BEGINNING. VOLUME XVIII.

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DETROIT, MICHIGAN:

PUBLISHED BY E. A. LODGE, SEN'R, M. D., GENERAL EDITOR.

15 WASHINGTON AVENUE,

1881.





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DETROIT, MICHIGAN:  
B. F. SAUNDERS, BOOK AND JOB PRINTER, 54 BATES STREET

## Introductory.

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In all the history of beliefs, religious or philosophical, there is shown to be a time when false doctrines have begun to be promulgated; a time when would-be leaders began to put strange constructions upon the language of the master mind, and to draw strange inferences from his words. And it would have been an anomaly had the Homœopathic doctrine of Therapeutics escaped this operation of time. With the death of every great Teacher of Philosophy or Religion there begins that contention over his written words which springs from the different interpretation of language given by the "Many men of many minds."

Hence it is that in the present contention between the followers of Hahnemann and the followers of Lutze and others, the doctrine of Homœopathic Philosophy is only beginning to be involved in that process of schismatism that is the natural and logical fate of all doctrines, founded upon the written and spoken language of a man—were he even the God-man, the Lord Christ Jesus.

Taking this broad view of the importance of the present movement of the High Potency advocates in forming a separate organization known as the "*International Hahnemannian Association*" we deem it our imperative duty to place the OBSERVER fairly and openly upon the record.

This Journal will remain open, as it has for the past seventeen years, to report of cures with both high and low potencies, and to the advocacy of the right of the homœopathic physician, in the application of the law of *similia*, to the use of the whole range from the crude drug or mother tincture, to that dilution or potency which in his judgment appears to be best adapted to the cure of his patient. We are not high potency or low potency, but now and always anti-exclusive.

The OBSERVER is therefore opposed to the "Internationals" and exclusives, with all its strength and heart.

*First*, and chiefly, because their pharmacology is not the pharmacology of Hahnemann.

*Secondly.* Because some of them would introduce into the *Materia Medica* many vile and repulsive substances falsely called medicines; preparations never having had the sanction of Hahnemann. Such things as Syphilinin, Gonorrhœin, Leucorrhœain, Carcinomatin, Hydrophobin, Dysenterin, &c., &c., &c., the discharges of the vilest ulcers, and the most fetid excrements. These may belong to isopathy but do not to homœopathy, and the endorsement of the most pharisaic purist cannot make them legitimate.

*Thirdly.* Because the preparations upon which Hahnemann relied (from the tincture to the 30th centesimal) are ignored by the "Internationals."

*Fourthly.* Because the "Internationals" have declared that they will not hold fellowship with a large majority of the members of the American Institute of Homœopathy, and seem determined upon creating a division in our ranks. \*

*Sixthly.* Because the "Internationals" have used libellous and slanderous words toward the great mass of Homœopathic practitioners in denominating them as "Mongrels, Allopaths, Eclectics," Etc., Etc.

*Seventhly.* Because the "Internationals" have bred and fostered dissensions in our colleges to the great detriment of the cause of Homœopathy.

*Eighthly.* Because members of the "International Associa-

\*The *Hahnemannian Monthly* for December directs attention to an article by Dr. E. W. Berridge, of the "International" Society, which was published in the *Homœopathic World* for November, entitled "*Reminiscences of the late Constantine Hering, M. D.*;" and says of this article: "It would be highly amusing if it were not intensely disgusting. It seems that the writer made a series of visits to Dr. Hering just previous and subsequent to the meeting of the American Institute in Milwaukee, and from a careful reading of his paper, the object of those interviews appears to have been to secure the sanction and influence of Dr. Hering to a dastardly scheme for dividing the homœopathic profession into two distinct and opposing factions. The writer, who evidently has not learned as much as he might from the lesson he received at Milwaukee, has so far mistaken the temper of honest homœopathists as to assert boldly that he has for years been laboring for the destruction of homœopathic influence and prestige. Of course the profession cares nothing for what Dr. Berridge's opinion may or may not be, but all true homœopathists will be glad to know, even from his lips, that Dr. Hering was unalterably opposed to the villainous project. "There is nothing more horrible than a split," wrote the stanch old hero. "When I asked him," says Berridge, "to join our new Hahnemannian Association, he said, 'I will do it if a clause is inserted to the effect that *your sole object is to help those who stand half way.*'" Whether this assurance was given we do not know, but Hering's name was not secured. At any rate Dr. Berridge now hopes that this Hahnemannian Association "will prove the thin edge of the wedge" for effecting "a clean separation" from those who will not allow ignorant pretenders to be the sole interpreters of the principles and facts of medical science. nor tolerate their impudent interference in the conscientious exercise of professional prerogatives.

tion" have hindered and delayed the progress of Homœopathy in the United States, by promulgating the pharmacology of Lutze, Jenichen *et al.*, as the pharmacology of true Homœopathy, thereby prejudicing the scientific public against Homœopathy.

*Ninthly.* Because, among the the "Internationals" are men who hold chairs in Homœopathic Colleges who teach doctrines not believed, taught or practiced by the preceptors of the students who attend these colleges for the purpose of being instructed in homœopathic doctrine—thereby doing great injustice and incalculable injury to the students and preceptors above mentioned.

*Tenthly.* Because the doctrines of the "Internationals" as announced in their "platform of principles," are false, and have not the sanction of Hahnemann or the support of his followers.

- For these and many other reasons we stand firmly opposed to the Internationals, and their new organ the so-called "*Homœopathic Practitioner*."

The assumption of such a title for such a journal is little short of sacrilege and is clearly libellous. It is as if the Obstetrical Journal of Great Britain and Ireland were to place the word "Homœopathic" at the head of its title page—only that the Obstetrical Journal commands the respectful attention of thousands of able physicians, while the "Practitioner" will be read by a few dreamers.

The Homœopathy of Hahnemann differs most radically from the creed and tenets of the Internationals.

"Trituration awakens the medicinal properties of the drug," said Hahnemann.

"Succussion releases the spirit of the drug unto us," say the Internationals.

"Dilutions must be made with pure alcohol" said Hahnemann.

"Dirty river-water is good enough to bring about the release of the spirit of the drug for us" say the Internationals.

"Local applications of the drug to the sound skin greatly facilitate the action of the remedy" said Hahnemann.

"Local applications are worse than useless" say the Internationals.

“Successive dilutions of colored and sapid objects become successively weaker and *not* stronger,” said Hahnemann.”

“Successive succussions become infinitely stronger and *not* weaker,” say the Internationals.

“Homœopathy has the best method for curing the sick,” said Hahnemann.

“The International creed is the only system of medicine, and the exclusive dogma in Therapeutics” say the Internationals.

“In urgent and dangerous cases palliative measures are admissible and proper,” said Hahnemann.

“In no case can we permit ought but the single dose of the dynamized drug,” asseverate the Internationals.

“The dose must be strong enough to produce a perfectly distinct aggravation of the symptoms,” said Hahnemann.

“The dose must be the very smallest possible, and must not produce aggravations,” say the “Internationals.”

These quotations present some of the differences between Homœopathy and “High Potency.” These differences are as great as those that divide and distinguish us from the other schools of medicine. There is in fact, much less likelihood that the Internationals will ever become homœopaths than that the dominant school in medicine will be suddenly converted to the true faith.

It is well that all American Homœopaths should be frank and honest with each other and with the medical world. It is high time that the American Institute should repudiate doctrines which it abhors, and denounce teachings so foreign to its practice as are those of the Internationals. It is the very hour when those who are training the practitioners of the future should earnestly inquire into the soundness of those who are to give the final lessons before the neophyte shall become a priest of the Temple of Life. It is time when those who believe only in the method and doctrines of Hahnemann should refuse to send their young men to be taught by those who believe only in the methods of Lutze, Jenichen *et al.* It is time, full time, when every Homœopathic Journal in all this great country should distinctly declare itself in favor of Hahnemann and against Jenichen, in favor of the American Institute of Homœopathy and against the “International Hahnemannian Association.” In favor of the Colleges that teach the pharmacology of Hahnemann, and against the Colleges

that each the pharmacology of Jenichen, *et al.* In favor of the men who practice the therapy of Hahnemann and against the men who practice the therapy of the "Spirit of the Dynamized Drug" as developed by succussion.

This is the platform of the OBSERVER. It is broad enough to include every believer in the truth of Homœopathy. It is strong enough to sustain every true friend. It is liberal in a just sense, but it will not sell the truth at a price. We utter no uncertain sound. It is the claron note of the bugle call. It has a true Legion of Honor\*, with a banner upon which is inscribed

SIMILIA SIMILIBUS CURANTUR.

It does not bear in addition to this law of nature any deductions of men in relation to the single remedy or the minimum dose. Here every honorable physician should demand liberty, and not wear the shackles of any man or party.

So we commence the new year. May it be rich in blessing to every lover of truth for its own sake.

\*The *Hahnemannian* speaking of the Organon's "Legion of Honor" says that there are quite a number in the Legion who are not practicing as they claim to. One is particularly referred to who treats his patients with extravagant doses of crude drugs, and has used pounds of purgative medicine since signing the roll.

## Prospectus for 1881.

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We do not propose to be lavish in promises for 1881. The past is our best pledge. Efforts hitherto have been an earnest of devotion to the profession better than mere words. Seventeen years of persistent labor has not been fruitless. Our monthly visits are welcome in every State of the Union, and also in many places in the Old World. Our readers have become our friends; our acquaintance has ripened into a recognition of mutual helpfulness, and each year will add to our obligation for mutual support.

### THE BEST WRITERS.

We point with pleasure to our present corps of Editors and collaborators. We have never had more efficient aid. A greater variety of contributions, and better in quality than previous years can fairly be expected. Controversy has its place and occasion, but 1881 will be given more to that which is in the largest sense practical rather than polemical.

### AGENTS.

Instead of using money to compensate agents we prefer asking our present subscribers in person, and by their students, to assist us in increasing our subscription list. We will remember all their labor for us in this direction by improving the quality of our Journal to the extent to which their aid will permit, and we now offer the following:

### PREMIUMS:

1. The OBSERVER *free* for 1881 to any person who obtains two NEW subscriptions and remits \$4.50 for the same.
2. One copy of Richardson's Obstetrics will be mailed prepaid, with the OBSERVER for 1881, for \$4 in cloth, \$5 in leather.
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4. One copy of Hart's Treatise upon the Eye will be sent prepaid with the OBSERVER for 1881, for \$3.
5. One copy of Moore's Veterinary Homœopathy will be mailed prepaid with the OBSERVER for 1881, for \$3.
6. A bound volume of the Homœopathic World will be mailed prepaid to any subscriber for 1881, who remits \$2.50 for his subscription for OBSERVER before February 1st, 1881.

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*Gilchrist on Tumors.*

*Payne on Lilium Tigrinum.*

*The Doctor Woman.*

*Richardson on Cholera Infantum, Diarrhœa and Dysentery.*

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*Or, a collection of Homœopathic tracts to the amount of 50 cents.*

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*Gen. Editor and Publisher American Observer,*

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## Surgical Observations.

PROF. H. F. BIGGAR, M. D., CLEVELAND, OHIO, EDITOR.

### STYRONE.—A NEW ANTISEPTIC.

Dr. Beach of Boston has the honor of introducing a better antiseptic than the disagreeable, odoriferous carbolic acid now in almost universal use for antiseptic purposes in the surgical departments of hospitals and elsewhere. The Medical and Surgical Reporter of May 1st, notices it as follows:—“(Styrryl alcohol or cinnyl alcohol,  $C_9H_{10}O$  or  $C_9H_9OH$ ) is obtained by heating styracin or cinnyl cuniamate (a compound contained in liquid storax, and in balsam of Peru) with caustic alkalies. It crystallizes in soft, silky needles, having a sweet taste and an odor of hyacinths, melting at  $33^{\circ}$  Fahr., and volatilizing without decomposition at a higher temperature. It is moderately soluble in water (about one part to twelve), freely in alcohol and ether. Dr. Beach had tested the efficiency of the antiseptic by applying it (one part to twelve of water) to a foul, ulcerated surface, with the effect of completely deodorizing it. The same surface was dressed with sheet lint saturated with an emulsion of the styrone and olive oil, one part of the former to twelve of the latter, covered with thin gutta-percha, and the edges of the gutta-percha fastened to the skin by collodion. At the end of five days the dressing was removed, and the accumulated secretions were found sweet, and having the odor of styrone, which is fragrant. This dressing was repeated at different intervals with a like result; the granulating process progressed as well as if it were under a carbolized or thymolized dressing. The pure styrone is slightly irritating to a raw surface, causing a burning sensation, but diluted to one part in six, either oil or water, the result is a non-irritating emulsion. In either form it is a perfect deodorizer of a foul wound, and does not interfere with the process of cicatrization. One part in twelve of oil or water is sufficiently strong to be effective. To determine the relative efficiency of carbolic acid, thymol, and styrone, the following test was made: Three ounces of normal urine

from the same specimen were placed in each one of four clean glasses. To the first glass was added ten drops of pure carbolic acid, to the second ten drops of pure thymol, to the third ten drops of styrene, and to the fourth nothing. The open mouths of the glasses were filled with borated cotton to protect the urine from dust. On the second day the urine without an antiseptic became decomposed, and was thrown away. The first specimen, containing carbolic acid, was offensive from the smell of decomposing urine on the sixth day, and under the microscope presented bacteria in the monad and rod forms; it had a strong, urinous odor from the first day. The second and third specimens, preserved by styrene and thymol, were in good condition at the time of making the report, fifty-nine days later, and were free from any urinous or offensive odor. No fungoid forms could be detected under the microscope at that time."

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### FRACTURE OF PATELLA, TRANSVERSELY.

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One of the most troublesome fractures next to Colles fracture of the lower end of the radius, and one that tells pro or con for the surgeons' reputation is the one under consideration; for lameness or impaired locomotion frequently results from improper treatment, and a crippled limb, and a useless and deformed wrist both show equally against the attendant. Some years ago I invented a knee splint or apparatus and illustrated it in the *OBSERVER*, and it has always answered my purpose in giving a good strong well knee to those I have treated with it. Discussions on the subject of operation for these cases it seems are still going on.

The London *Lancet* says: "The discussion on the propriety of cutting down upon and wiring together the fragments in cases of transverse fracture of the patella, which was carried on at the Medical Society on the 17th inst., was of great interest and importance, and demands the careful consideration of surgeons. The cases brought before the Society were of two distinct kinds, in one class, a badly united fracture having rendered the limb entirely or nearly useless, the operation was performed with the view of restoring the lost function, and with success. All the speakers concurred in their approval of this step. But with these cases others were reported in which the same operation had been performed for recent fractures

in which, so far as was stated, no other plan had been tried, and in which the ultimate result was a matter for hope, or, at any rate, only of doubt. On the advisability of this step, issue was taken. Mr. Lister advocated the operation as the only treatment holding out a certain prospect of a good result in all cases, but insisted that it should only be undertaken by surgeons who were morally certain that no decomposition would follow the operation. He urged that, if, he could abolish risk, it was the surgeons duty to treat recent cases in the same way as had proved successful in the treatment of old cases with a useless limb; which, if all risk was not abolished, it was as wrong to do it in the one case as the other. The facts are these: By some of the well-known methods of treatment a very few cases of long union have been obtained; in many instances, close fibrous union, leaving the limb little, if at all impaired, has resulted from their employment; while, when the fragments are even widely separated, the limb may be as useful as before, as in the cases related by Mr. Bryant. A surgeon may therefore always hope by comparatively mild measures, to obtain a good result, and we believe this will be more frequently obtained if greater attention is given to relieving the distention of the synovial sac, which was long shown to be a great factor in the separation of the fragments. Under these circumstances it appears to us to be opposed to the sound principles of surgery to practice what must be a serious operation, to accomplish that which has often been achieved by safe methods of treatment. It is of great importance for surgeons to weigh carefully Mr. Lister's words. He teaches that operations can by antiseptic surgery be made absolutely safe; that no one is justified in operating who cannot previously assure himself that he will preclude the possibility of decomposition occurring in the wound—for what is true of this operation is of course true of all; and this being so, other methods of treatment, which are commonly called milder methods, if liable to fail or give imperfect results, are not to be employed, but are to be in all cases superseded by the certain, the absolutely safe, antiseptic operation. Applying Mr. Lister's argument to the case of aneurisms, he would never pause to attempt the cure of an aneurism by the method of compression, but would at once apply a ligature; and the practical outcome of the antiseptic treatment will be that surgical therapeutics will consist almost exclusively of oper-

ations. But can a surgeon have that confidence in his own infallibility that Mr. Lister presupposes? We think not."

#### ANÆSTHESIA OF THE LARYNX,

Considerable importance attaches to quietness of the larynx during surgical operations and a removal of the extreme sensitiveness of the throat and larynx for the time, is a most desirable object to accomplish; but the testimony of complete anæsthesia is not altogether favorable. The *Philadelphia Reporter* gives the *London Medical Record's* summary of results as follows: "Zawerthal's experiments upon dogs, to obtain a local anæsthesia of the larynx, either by inhalation or by direct application of chloroform, ether, morphia, hyoscyamine, hemlock, etc., have led him to the following conclusions:

1st. It is very seldom that complete local anæsthesia can be obtained.

2nd. The attempts made at producing it are attended by great risks of grave constitutional effects, or serious local inflammation.

3d. These dangers and complications differ according to the substances employed; very great danger of poisoning if solution of morphia; of laryngitis, if chloroform. The author has not met with better success in practice. He has been able to obtain an imperfect degree of anæsthesia only in twenty-seven out of forty-seven cases; and complete anæsthesia in five. In fifteen cases he was obliged to abandon his attempt to produce it. The cases in which such attempts have best succeeded are those of division of cicatricial bands."

#### ANEURISM TREATED BY INSERTING NEEDLES.

Mr. M. C. Heath, London, Eng., after twice subcutaneously injecting a grain of Ergotin in an aneurism of the subclavian artery unsuccessfully, finally determined to insert three pairs of fine sewing needles in the sac and make them cross each other therein, in order to secure a filling up. They were withdrawn on the fifth day, and quite an amount of clotting had occurred around them, and the aneurism gradually solidified. Bronchitis occurred subsequently, carrying off the patient on the 18th day after the operation. A small aperture near the first rib, which had been broken, was found

in the sac communicating with the artery and the sac was found nearly full of coarse fibrine and really curing it.

#### NERVE STRETCHING.

In all cases of electric pains, uncontrollable twitchings, and local acute neuralgic pain that cannot be relieved by medication after fair trial, the cutting down upon the affected nerve or its main trunk exposing it, separating it from the sheath, and then with a hook underneath it forcibly drawing upon it, or stretching it is now generally adopted by surgeons. It is good practice and gives permanent relief in most cases. It should be done under the antiseptic spray with all due precautions.

#### LEVIS'S EXTENSION PULLY.

This little device is well adapted for cases of fracture of the lower extremity where the method of extension by weight and cord is adopted. The rope of the extending weight runs over the little pulley wheel while the whole apparatus can be fastened temporarily to the foot of any ordinary bedstead, or hospital bed by means of the sliding piece and the thumb screw. It can be put on in a minute and removed with equal rapidity, and is always ready for use. The cord running over the little wheel instead of rubbing over the edge of the bed is also more agreeable to the patient.

#### HIP INJURIES.

In treating hip joint diseases, or injuries in that region of the body where lameness is likely to result, always be extremely cautious to see that the two sides of the pelvis and the femoral bones are parallel during the entire time of treatment. Muscular action is deceptive and you may discern a retraction and want of symmetry and parallelism in the two sides of the pelvis and limbs, which if not attended to will give you a crippled recovery.

#### ANOTHER LOCAL ANÆSTHETIC.

A strong solution of Bromide of Potassium obtunds the sensory nerves of the pharynx and larynx when used as a gargle according to the testimony of Dr. Kijanizyn, of St. Petersburg. He uses it in painful strictures and painful urethritis acute or chronic.

[EDITORIAL NOTE.—All of the above articles were prepared for this department by the former Editor, Bushrod W. James, M. D.]

## Reviews and Book Notices.

*REPERTORI TO THE MODALITIES, IN THEIR RELATIONS TO TEMPERATURE, AIR, WATER, WINDS, WEATHER, AND SEASONS. Based upon Hering's Condensed Materia Medica, with additions from Allen, Lippe, and Hale. Compiled and arranged by Samuel Worcester, M. D., Salem, Mass., Lecturer on Insanity and its Jurisprudence at Boston University School of Medicine; Member of the American Institute of Homæopathy: Member of the Massachusetts Homæopathic Medical Society, Etc. Boericke and Tafel, New York and Philadelphia. Truebner & Co., London, 1880.*

My experience with repertories has been multifarious; painful (in its old sense of painstaking), encouraging, disheartening, stimulating, benumbing, startling, indifferent, enlightening, confusing, productive of silent psalms of praise, and, alas! provocative of expletives that were not learned in Sunday school. It was, then, quite natural for me to greet this tidy little volume as honest Nick Bottom did Monsieur Mustard Seed:—

*"I promise you your kindred hath made my eyes water ere now!"*

But the author's preface disarmed our suspicions by the unpretentious quietness of its air, and we opened the body of the book with a leaning in its favor. I may add, as a feature which I find to be characteristic of all repertories, that the preface is more interesting reading than the body of the book. This is a defect in all repertories, and is not mentioned to the derogation of the one now under notice. I wish Mark Twain would try his hand at a repertory. He will probably take the hint when he reads this copy of the OBSERVER, and if *The Organon* can only get the copyright it will be its salvation. Twain's repertory would no doubt deal largely in fiction and it would be an apt illustration of the law of similars for *The Organon* to publish it. I will back Twain against Berridge for pure fiction. But this pleasant strain is beguiling me from the book under notice.

The plan of the book will readily be understood by a glance at its table of *Contents*, which is also so arranged as to serve for an index.

CHAPTER I.

THE SUN, EFFECTS OF ITS HEAT AND LIGHT,

SECTION	PAGE
I. Beneficial effects, prefers warm places.....	13
II. Injurious effects of the sun.....	13

CHAPTER II.

EXTERNAL HEAT OR WARMTH.

I. Desire for, or relieved by, external heat or warmth.....	17
II. Worse from, or aversion to, external heat or warmth.....	22
III. Desire for, or good effects from, heat of stove.....	26
IV. Worse from, or not relieved by, heat of stove.....	26

The sections in each chapter are classified as follows, and we take Section I. chap. II as one instance: Head, inner; Head, outer; Nose; Face; Teeth; Abdomen; Stool; Limbs, upper; Limbs, lower; all the Limbs; Generalities; Chill; Fever; Sweat; Tissues.

Morcover, with each remedy the exact wording of the symptom is given. This has led to much redundancy, still it enables one to know at a glance the exact relationship of the remedy to the modality under which it is given.

The plan is a good one, and we heartily wish all the modalities were marked out in the same way.

The salient feature of Dr. Worcester's book is the ease and the rapidity with which one finds the remedy; and the facility with which it can be used will make it a favorite pocket companion with every physician who has the moral courage to always employ such means as are indispensable for the selecting of the right remedy.

We have put thc book in the outside pocket of our buggy case, remarking again with honest Nick Bottom:—

“I shall desire you of more acquaintance,” good Dr. Worcester.

S. A. JONES.

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*NORTH AMERICAN REVIEW Edited by Allen Thorndike Rice. New York D. Appleton & Co.*

The January number opens with a paper upon The Philosophy of Persecution, by Prof. John Fiske.

Buckle's explanation of the decline of the spirit of religious persecution, was that in modern times faith had undergone an eclipse

and men could not bring themselves to persecute others into believing that whereof they were themselves sceptical. The inadequateness of this explanation of one of the most striking social phenomena of our time, is forcibly shown in this article by the author, who assigns a number of other causes that have been at least as influential in bringing about this most desirable result. First, there is the decline of the martial spirit and the greater devotion to pacific industrial pursuits. Then, as men rise in the scale of civilization, they are less disposed to be domineering. Finally men in modern times have quite lost the sense of corporate responsibility—the belief that a whole community is liable for the offences of each individual comprised in it. These points are established with all the ingenuity of reasoning and wealth of learning for which the author is so distinguished. The other articles in this number of the Review are: “Controlling Forces in American Politics,” by Senator Geo. F. Edmunds; “Atheism in Colleges,” by President John Bascom; “The Ruins of Central America,” by Désiré Charnay; “Partisan Government,” by William D. Le Sueur; “Popular Art-Education,” by Prof. John F. Weir; “The Limitations of Sex,” by Nina Morris; “The Mission of the Democratic Party,” by Senator William A. Wallace; and finally, a review of Recent Philological Works, by Prof. F. A. March.

The Review is sold by booksellers and newsdealers generally at \$5. per year. We can supply it with Observer at \$6.

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*THE MEDICAL RECORD VISITING LIST, OR PHYSICIANS DIARY for 1881. New York, Wm. Wood & Co. For 30 patients a week, \$1.25. 60 patients, \$1.50.*

The improvements introduced are many, particularly the ruling of left hand pages in the common visiting list form; on the right hand pages, columns for charge, page in ledger, and special memoranda. They are furnished with and without dates. The quality of paper and binding is excellent.

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*HOW I FOUND IT NORTH AND SOUTH, together with Mary's statement. Boston, Lee & Shepard, 1880. Cloth \$1.*

A very pleasing narration of actual home life in New England and in Florida. It will repay perusal and be of special benefit to any who may contemplate selling a Northern home with a purpose of removing as far South as malarial Florida.

*A PRACTICAL TREATISE ON SURGICAL DIAGNOSIS* designed as a manual for practitioners and students, by Ambrose L. Ramsey, A.M., M.D., Adjunct Prof. &c., University of New York. Second Edition revised and enlarged, New York, Wm. Wood & Co., 27 Great Jones street, 1880.

We advise all our surgeons to get this manual. No matter how large your library may be, this will be a valued addition. The first edition was exhausted in a year, and a third will probably be called for in a few months.

The plan of the work in presenting *marked contrasts* will be seen by the following, which we copy from page 285 of the work, and which may be considered as a fair sample of the book.

## HYDROCELE OF THE CORD.

## INGUINAL HERNIA.

LIMITS OF TUMOR.	
The tumor is circumscribed.	The tumor is frequently scrotal, and is generally diffused.
PALPATION.	
The tumor is tense.	The tumor is soft, as a rule.
REDUCIBILITY.	
The tumor is usually irreducible, but if not so no gurgle is present in its reduction.	The tumor reduces with a gurgle.
TRANSLUCENCY.	
The tumor is often translucent.	The tumor is opaque.
FLUCTUATION.	
The tumor is fluctuant.	The tumor does not fluctuate.
PERCUSSION.	
The percussion note is dull over the tumor.	The percussion note is resonant over the tumor as a rule.
BOWEL.	
No intestinal embarrassment exists.	Intestinal embarrassment is often present.
IMPULSE FROM TESTICLE.	
The testicle, if moved, transmits an impulse to the tumor.	Movements of the testicle have no effect upon the tumor.
COUGH IMPULSE.	
Impulse on coughing is absent.	An impulse on coughing is frequently felt in the tumor.
AUSCULTATION.	
No gurgling is detected.	Gurgling is often heard in the tumor.
RETURN AFTER REDUCTION.	
The tumor returns after reduction irrespective of position.	The tumor remains reduced if the dorsal position is maintained.

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*ELECTRICITY; Its nature and forms, with a study on Electro-Therapeutics*, by C. W. Boyce, M. D., Chicago, W. A. Chatterton, 16 mo. 86 pp.

A second edition of an interesting manual. In opening the book our eyes dropped upon the statement that a weak current of

galvanism is the curative one, and that when harm comes from its use too strong a current has been used. A view that can be heartily endorsed.

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*EGO*, by Harry W. French. Boston, Lee & Shepard. New York, Charles T. Dillingham. 12 mo.

If the title was: "The Life Struggles of Dr. Lawrence" it might attract the attention of some students and physicians who would be benefited by the reading. As it is—"Ego—a novel," many will glance at it and lay it down. If they read the first chapter they would want to go on to the end of the story.

"Men are creatures of circumstances." "A true man will find a way or will make one." "Where there is a will there is a way." These and a hundred other sayings, that have become popular proverbs, present but the one side of truths. All men are not mere creatures of circumstances. An indomitable will may be only one form of idolatry. A sure way is generally found when the will is right; but the force of will unless God-guided, leads astray. Some such lessons of a true philosophy may be gathered from this book. If taught in a dogmatic form they would escape the notice of some who will read the story, dwell on some of the finely wrought dramatic passages, and perhaps be led to some serious thinking. Taken up for the amusement of the hour it may become by its rich suggestiveness, a source of life-long profit.

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*DRUG ATTENUATION*:—*Its objects, modes, means and limits in Homœopathic Pharmacy and Posology*, by the Bureau of *Materia Medica, &c.*, of American Institute of Homœopathy—*J. P. Dake, M.A., M.D., Chairman.*

This is a reprint from the Transactions of the Institute, with some corrections. The discussions are able and interesting.

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*TRANSACTIONS of the Homœopathic Medical Society of the State of Pennsylvania, Sixteenth Annual Session, 1880.*

This is a cloth bound volume of 388 pages deserving of special notice. Its observable features are: first, a neatly printed and bound volume; second, prompt publication, it appearing within three months of the session it records; third, the variety and value of the papers printed, and lastly a General Index to the Transactions, 1866 to 1883 inclusive.

*AN INDEX OF COMPARATIVE THERAPEUTICS,  
BY SAMUEL O. L. POTTER, M.D. Chicago, Dun-  
cau Bros., 1880.*

This has been designed as a pocket manual, and bound in morocco, tucks. The type is very clear and neat, and the general execution good. As to the merits of the work itself we shall say but little. The cursory examination we are enabled to give it, just as the sheets of this January number are going to press, may not enable us to judge very accurately, but this appears apparent at a glance: what class of practitioners will care to carry such a book? The confirmed allopath will not want it, the true homœopath does not feel the need of any such aid. The few physicians who practice on both systems may regard such a work as invaluable; and the few disciples of both schools who are lukewarm and wavering, may think such a book well adapted to their needs.

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*THE SIXTEENTH ANNUAL REPORT OF THE CON-  
SUMPTIVES Home and other Institutions connected with  
a work of faith, to Sept. 30, 1880, by Charles Cullis, M. D.  
Willard Tract Repository, Boston. Price 25 cents.*

For sixteen years past we have had the pleasure of referring to these reports, once each year. It has been a very great satisfaction to watch this work from its rise in apparent feebleness, to its present great proportions. Beyond the direct amount of good that has been done to the afflicted in the different houses, and the missionary work at home and abroad, no one can estimate the value of the quickening of christian faith, trust and love, which has resulted in thousands of hearts, by reading the simple recitals of the conquests of faith furnished by these reports.

The receipts for the past year were \$30,649.28, for the 16 years \$477,295.88.

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*REPERTORY TO THE MORE Characteristic Symptoms of  
the Materia Medica, arranged by Constantine Lippe, A. M.,  
M.D. New York, Bedell & Bro.*

A full review of this repertory appeared upon page 299 of our 1880 volume. We merely refer to it again, on receipt of a copy of it, to suggest an edition with the right hand columns blank for Mss. notes. The type is excellent: the proof reading could have been easily improved upon.

*HOW TO PAY CHURCH DEBTS, and How to Keep Churches out of Debt. By Rev. Sylvanus Stall, A. M. I. K. Funk & Co., 10 and 12 Dey St., New York. 8 vo., 280 pp. Price, \$1.50. For sale by the various denominational publishing houses.*

After the evils, and causes, the author presents an abundance of practical methods for paying church debts, how to provide for the erection of new churches, meeting current expenses, securing money for missions and general benevolence.

We found this book much better reading than its title promised. But the whole question of church finance will be found very simple when the rule in 1 Cor. 16: 2 is observed with fidelity.

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*GEO. P. ROWELLS' AMERICAN NEWSPAPER DIRECTORY containing accurate lists of all the newspapers and periodicals published in the United States, Territories and the Dominion of Canada, together with a description of the towns and cities in which they are published. New York. Geo. P. Rowell & Co. Publishers 1880.*

We have had frequent occasion for the use of this directory and have always found it accurate. It can be recommended as a trustworthy guide.

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*TEETHING AND CROUP, by W. V. Drury, M.D., M. R. I. A. Enriched with Notes and Additions, by T. C. Duncan, M.D. Chicago, Ill., Duncan Bros. 1881.*

Dr. Drury's little manual, pointed and practical, met with favor in England, and Dr. D. has done good service in presenting it with his own notes and additions, making it suitable for general circulation in the United States.

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*ROCKY MOUNTAIN HEALTH RESORTS, by Charles Denison, A.M., M.D. Boston, Houghton, Mifflin & Co., 1881.*

The second edition of this work is received, and reserved for more extended notice at another time when we may have leisure to examine it fully.

## Gynæcological Observations.

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C. S. MORLEY, M. D., PONTIAC, MICHIGAN, EDITOR.

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### ON THE VALUE OF SYMPTOMS IN THE TREATMENT OF WOMAN.

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That clear and discriminating diagnosis of the remedy, which is the highest art of cure, must ever be of value in the treatment of the diseases peculiar to woman, for by this method alone the special bias of sex and of sexual derangements are made account of, in the cure of perturbed functions in the entire organism.

Most people will however frankly admit that the highest success cannot be obtained by a too absolute faith in this method or by the exclusive neglect of other resources; nor will they deny that the most deplorable errors of omission or commission have visited the experience of every gynæcologist who is rigidly dogmatic.

There are in my opinion several insuperable barriers to the hoped for success of the art of therapeutics as it disputes this territory with empiricism, or even the well laid principles of surgery, namely: The special symptomatology of the *Materia Medica* as it is; and the meager promising of future provings. Then there is a large class of cases that are surgical and perhaps the majority that should rank as *special* cases present greater or lesser, mechanical obstacles that would seem to require to be first overcome.

It is not easy to draw the line, by which to separate the medical from the surgical and at most it is purely arbitrary as experience proves; for who among physicians has not cured or relieved by internal remedies after the mechanical plan had failed.

It is true most of these failures have arisen from a false pathological hypothesis or that failure of pure mechanics which so often occurs when applied to living mechanism.

Upon the other hand while we admit the generally unsatisfactory results of "pessaries, sounds and caustics" and the infinite mischief they have done, we are constrained to admit the generally unsatisfactory results of any treatment directed to this or that symp-

tom; for the real object of the physician is to "restore health to the sick," and this is practically very different from curing the several symptoms complained of. I write this with all loyalty to *similia* as I understand it, but I know that even this "divine" law does not impregnate with "divinity," and when we reflect that the most obstinate cases are those in which some factitious cause is constantly at work undoing the curative process, we will see the futility of attempting to "cover the totality of symptoms." As confidential adviser, the physician should acquaint himself—with circumspection—with the private habits of his patient, and follow up any clue he may have that may aid in detecting an avoidable cause of ill-health, so as to undo as much as possible the bonds of prevailing vices and crimes.

Certainly I need but refer to this subject to recall to the mind the every day observation of these many causes that so multiply the sorrows of woman.

The "downward pressure as though all would escape at the vulva" is complained of.

Will Belladonna or Sepia cure?

Certainly only a few cases!

Time *may* reduce an enlarged uterus, mend a torn perineum, discharge an abscess, hæmatocele, or expel an uterine fibroid.

A young lady patient once complained to me of this downward pressure, worse when erect and at stool; and in addition she had frequent urging to urinate with burning scanty urine; also a pain in the left ovarian region passing down outer side of thigh; Cantharis high to low, and back again, long continued, omitted and resumed, made little impression.

An examination was insisted upon, but nothing in genito-urinary tract could be found. At the moment of giving up (my mental effort at least), I recalled the distribution of the nerves of the rectum and how pain might be reflected. I found an ulcer the shape and size of a silver three cent piece, whose base was seen to be the internal sphincter ani. A narrow bladed knife was passed flatwise beneath the muscle as it was raised by a tenaculum, and the base freed and cut through by the division of this muscle. Recovery was rapid and complete; gaining many pounds in a few weeks.

I reproach myself for having been so dogmatic for I had already read "Rest and Pain," by Hilton and noted a similar case.

The above case is cited to show that even "characteristic" symptoms need to be traced to a pathological source if possible, as this symptom of downward pressure is so common in enlarged uterus i. e. subinvolution; and symptom treatment cannot I believe have much effect in such a condition. It has been my practice to examine cases that present it in a marked degree, especially if they have not got up well from labor, or recently have aborted or suffering from metrorrhagia. These cases have given much trouble to the symptomatologist and to nearly every one in fact.

Bromide of Potassa, Secale, packing the cervix with lint steeped in glycerine, have each their advocates; but nothing can be more pernicious than Iron.

In recent cases *hot* vaginal irrigation long continued, will accomplish much and should always be advised if there is the slightest tenderness on pressure.

In more chronic cases we have tissue changes that are tangible enough. The cervix is enlarged, "indurated," "engorged," "ulcerated," or what not and the sound passes more than 2½ inches or defines version or flexion. In these cases I think it is good practice to dilate the cervix by rapid dilatation, which will usually suffice to cure the cervical trouble and induce retrograde metamorphosis.

The injection of Churchill's Tinct. Iodine dr̄m. j—ij will cause rapid and powerful tonic contraction after dilatation has been employed, and especially after scraping away granulations in the uterine cavity.

These are really surgical cases and if therapeutics suffer from comparison it is because it has not well defined its place. In the cure of these cases in a very short time, and the fact that most cases will improve by time *alone*, or with the carefully selected remedy, makes it more than probable that our remedies are of little use to really cure the cases.

On the other hand in defence of *similia* in its own sphere, I profess my belief in the most brilliant results under the rule, and I feel confident that it would fare better, *far better*, with women if they early secured the benefits of such treatment.

I am also firmly of the opinion that four-fifths of the women who to-day are treated by specialists might be cured more speedily and surely by the indicated remedy, than by the chance practice of caustics and the so-called "local treatment."

C. S. M.

## Obstetrical Observations.

J. H. MARSDEN, A.M., M. D., YORK SPRING PA., EDITOR.

### AN OCCASIONAL CAUSE OF ABORTION.

Before day on the 24th of August, 1880, I was waked to prescribed for the wife of a farmer living one mile distant. This woman had called upon me some weeks before, stating that from the arrest of the catamenia and other indications, she had supposed herself to be pregnant, but of late had had a bloody discharge all the time, more or less copious, never however amounting to what might be termed flooding. I gave her a prescription and requested her to call again, if the discharge did not cease, or to apprise me immediately if it should grow materially worse. She some time after came again to my office, and informed me that the discharge was still about as it had been. By this time, in the course of a normal pregnancy, I thought from the dates she had before given me, we ought to be able to detect externally, some enlargement of the womb, and rising of that organ above the os pubis; but nothing of the kind could be made out. I therefore concluded that if pregnancy existed, the fœtus had ceased to develope, or that an intra-uterine tumor was the cause of the continued hemorrhage.

When her husband called upon me as above, he stated that the hemorrhage had greatly increased, and was accompanied by considerable pain. Whichever of the views above expressed might be the correct one, I thought the best result we could have, would be the expulsion of the contents of the womb. If a fœtus were present, it was now dead and a foreign body, and if a tumor attached by a pedicle, it might be thrown off, and finally got rid of. I gave Apoc. can. in considerable doses, with the promise to visit as soon as I could render efficient service.

When I reached the house I found the patient suffering severe bearing down pains but the flooding had nearly ceased. I made an immediate examination and found a small bag of water protruding through the os the latter being sufficiently open to admit a little

way the points of the fore and middle finger side by side. The membranes ruptured by contact of the fingers, and I then detected a solid body presenting, which by an oscillating, coaxing movement of the finger ends, aided no doubt by the expulsive efforts of the womb, I succeeded in bringing away. It was a fully formed foetus, nearly the size of a half grown rat, but apparently macerated as if it had been long dead. It was attached by a cord, perhaps as thick as the bass string of a violin, and which had the same macerated appearance. I attempted to dilate the os by separating the points of the inserted fingers, but without success. The lip was quite thin, felt like a cord, and was as tense as a bowstring. I then attempted, as it was, to reach the placenta with a view to its removal. I was confident that I felt it *just within* the os but could not get sufficient purchase upon it to detach it.

Having other business to attend to, I left Parke & Davis' Liquor Ergotæ, an excellent article I think, to be taken in 3 drop doses every hour till I should return or till the secundines should be expelled. The patient could not have taken more than two doses till the latter occurred. I found her upon my return doing well. She had been very anxious to go to term to replace children she had lost a few months before through that fell destroyer of childhood, diphtheria. She wished to know what had given rise to the accident, as she had not in any way hurt herself, and had through the summer felt so "*remarkably well*."

I deemed it unnecessary to answer the question formally to the patient, but wished if possible to satisfy myself of the cause, for cause there must have been. This woman usually enjoyed good health, was still in the prime of womanhood, of regular virtuous habits, and already to my certain knowledge brought to full term and given birth to several vigorous children without any intervening miscarriages.

In this case unless I was mistaken, the placenta was found as I have said, implanted upon the surface of the lower region of the womb, or what Dr. Barnes terms the cervical zone. This is an unusual site, and unsuited to the development of that organ. This region as pregnancy advances, does not expand so freely as does the meridional or fundal region, and not *pari passu* with the expansion of the placenta. Hence we may suppose, sooner or later, a separation

to take place between this organ and the surface of the womb. This I believe it is now generally thought occurs in cases of placenta prævia, but mostly not till a somewhat advanced stage of pregnancy. The circumstances which may determine the *time* of its occurrence may be varied, and we shall not here stop to inquire particularly into their nature, nor the cause which in the present instance may have determined so early a period. If the separation takes place early, while the foetus is as yet imperfectly developed, or still very feeble and hemorrhage ensues as is almost unavoidable consequence, its death is likely to be the result, and consequently its expulsion as a foreign body, constituting what we term abortion. On the other hand if hemorrhage be delayed till the foetus has become fully developed and vigorous, it may survive, and gestation proceed till it reaches its normal termination, to be attended at last by the usual *fearful phenomena* of placenta prævia.

We do not remember to have seen the foregoing noticed as a cause of abortion. That it is a frequent one, we do not venture to assert, but that it occasionally gives rise to that accident, we think there is little room to doubt.

J. H. M.

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GLUTEAL ABSCESS FOLLOWING CHILD-BED (*Canada Lancet*).—A. Davidson, M.B., M.R.C.S. Eng., Toronto, reports two cases of gluteal abscess which occurred in women shortly after confinement. The two cases here related are almost precisely similar, occurring, as they did, in young married women, in the same region of the body, during the winter months and following child-bed. Case No. 1.—Patient had given birth to a child nine weeks previous to entering the hospital, but her lying-in was not attended with a good recovery. She complained of throbbing pain in the right buttock, which continued to increase in severity, resulting eventually in the formation of an abscess, which was opened and a quantity of pure pus discharged. The abscess-cavity measured about six inches in all its diameters. The after-treatment consisted in the introduction of a drainage-tube and the daily washing out of the cavity with a solution of carbolic acid (1-40). This mode of treatment was continued for some weeks; still the cavity did not seem to be decreasing in size. The walls of the cavity were then brought together and retained in this position by means of splints and a compress. This treatment was continued for two weeks, but without benefit. The patient became unruly and she was dismissed from the hospital before the wound was healed.

Case No. 2.—Patient had a good delivery; two weeks subsequently she observed a "dumb pain" in her right hip. When admitted to the hospital all the signs of a gluteal abscess were present. The abscess was opened under the carbolic spray, a drainage-tube was introduced and the wound dressed with antiseptic precautions. About nine ounces of thick, healthy pus was evacuated.

## Clinical Observations.

H. W. TAYLOR, M. D., CRAWFORDSVILLE, INDIANA, EDITOR.

### CASE OF OXALURIA.

REPORTED BY GEO. A. TABER M. D., VICTORY N. Y.

A. H., æt, about 33 yrs. applied to me for treatment January 2, 1880. A stone mason by trade; melancholy temperament; dirty dingy countenance. His trouble began two years previously, after doing some heavy stone laying. Frequent waking in the latter part of the night. In the region of the kidneys sharp, piercing pain always worse after stopping work; relieved when lying on something hard or when at work. A deep inspiration aggravates, also sitting and lying quietly; sometimes this pain will suddenly awaken him at night. Dull, heavy headache often follows the sharp pain in the back. Deep in the region of the kidneys, pain often of a burning character. At times he is obliged to pass urine frequently; riding in a wagon causes frequent urination.

The only abnormalities revealed in the urinary examinations were, octahedra calcic oxalate, uric acid and amorphous urates: microscopic examination of the urine (300 diam.) immediately after passing would show the oxalates in abundance and of varying sizes, the urates not appearing until within an hour or so after the urine was voided.

A careful inquiry concerning the patient's diet showed it to be of the plainest, not inclining to nor taking acid food.

That we have here a case of Oxaluria is evident from the facts of the peculiar countenance, dirty and dingy; the deep seated pains in the back and loins and lastly the actual presence of calcic oxalate in the urine.

I prescribed Rhus tox, 3rd, four times a day in water. At the end of a week the pains in the back were nearly relieved, but the urine still contained the large amount of calcic oxalate crystals. Jan. 9th, gave Sac. Lac. for a week at the end of which time no change is observed. I now resumed the Rhus as given in the first place, continuing for three weeks with a gradual disappearance of the oxalates until no traces of the crystals were found.

An examination of the urine made sometime in March revealed it in a normal condition.

## BROMIDE OF POTASSIUM IN THE TREATMENT OF VERTIGO.

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BY ARTHUR W. SMITH, M. D., CHICAGO, ILL.

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The value of bromide of potassium in reflex disorders is not new. Hale says: (New Remedies 4th ed. p. 85.) "In the reflex cerebral irritations and congestions of children during teething, cholera infantum, or in scarlet fever, it is almost specific." Scudder, (Specific Medication, 1st ed. p. 91.) also gives similar testimony: "I think it has one *specific* use, and that is as a remedy for epilepsy when associated with irritation of the reproductive organs, or especially in irritation of the cerebellum," These learned observers agree, as do others, in giving a large dose, grs. j: to grs. xx. The following case is reported more especially to give prominence to this characteristic of the remedy.

Mr. S. a feeble old man of 70, had for several years previous to my acquaintance with him, been afflicted with vertigo. An attack was ushered in with nausea and vomiting. He had been treated by several physicians, had gone the round of medicine, so to say, and been pronounced incurable. The symptoms suggested nothing very satisfactory in the way of treatment. His tongue was heavily coated, and every function was feebly performed, but this was not uncommon in old people. There was no evidence that he or any of his family had ever had epilepsy. During an attack he would fall prostrate, but he did not bite his tongue. I often asked myself why should an old man have vertigo? Was it from indigestion? Mr. S. had no teeth and lived mainly on oatmeal gruel. Or was it a symptom of disease of the central nervous system? He would fall to the ground as if paralyzed when he was attacked. Thinking that the stomach was at fault I gave him *podophyllin*, *nux vomica*, and *hydrastin* 3x. For a general purpose he had *ergot*, *phosphoric acid*, and *baryta carb.*, For a time he had 5 gr. doses of *Salicylate of soda* as a remedy for Ménière's disease. The treatment, however was not followed by any perceptible improvement. If it was a disease of the nervous system it was not one that I could name. Accepting *similia* as a law of cure I thought I saw a remote connection between the symptoms of *Conium* and those of my patient. On this

suggestion I gave him Feb. 7th, gtt. v. and Fl. Ext. *Conium mac* three times a day. On March 9th, I note, "Mr. S. has less vertigo than heretofore: Conium continued. March 18th, "Reports much improved from treatment." No other doctors treatment did so well." This treatment was continued till Aug. 23, and although he had improved greatly, the interval between attacks being lengthened from days to weeks, still he was by no means cured. About this time I remembered to have read in Trousseau something to the effect that obscure cases of vertigo should be treated the same as epilepsy. I now gave him grs. iij. Bromide of potassium 3 times a day. Aug. 23. not noting the improvement I had hoped for I increased the dose to grs. v. three times a day. Oct. 6, "considerably improved." Bromide continued. November 20, he had a severe attack of pleuro pneumonia. After his recovery I again ordered him to take the bromide of potassium as before. I have no note how long this remedy was taken but now, Oct. 1880, he informs me that he has not had an of vertigo for more than six months.

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### KALI CHLORICUM IN DIPHTHERIA.

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*N. Pearson* æt. 7 yrs. March 10th, '79, chill following sore throat. Pulse 150, temp.  $105\frac{1}{2}^{\circ}$ , yellowish white deposit covering back of both tonsils and extending into posterior nares as evidenced by stoppage and discharge of thin fluid from nostrils; swelling of cervical lymphatics. Nose bleed had occurred during the night: and nitric acid showed albumen in the urine which had been voided in the morning. Kali chlor. two teaspoonfuls in an ordinary tumbler full of water, a tablespoonful of this solution every half hour. Cough and hoarseness were coming on showing beginning invasion of the larynx. At 6 P. M. disease had not advanced. Slight perspiration about head and neck of patient indicating pathogenesis. Continued drug; lengthening intervals between doses to one hour. Next morning temperature 100, pulse 88. Membrane much thinner and more circumscribed. Within two more days patient convalescent.

*Guy Pearson* æt 4 yrs, Was attacked about one week after

his brother. Pulse 140: temp.  $104\frac{1}{2}^{\circ}$ ; membrane ash gray covering left tonsil and extending downward. Vomited twice during morning. Cervical lymphatics swollen. Head and skin of trunk very hot; extremities cold, clammy. Dusky color of lips indicating great danger. Kali chlor. two teaspoonfuls of crystals crushed and dissolved in about eight ounces of water. Two teaspoonfuls every half hour, all day and night. Next morning pulse 120; temperature 103, deposit appearing on right tonsil but beginning to disappear from left. No albumen in urine. Medicine continued. Change for the better steady and rapid, with convalescence on fifth day of attack.

*W. Pearson* æt 12, attacked on fourth day of his little brothers illness, membrane discovered in the throat twenty four hours before the chill which continued all day. Pain in head, back and limbs; pulse 115; temp. in evening of first day  $104\frac{1}{2}^{\circ}$ ; membrane all over left tonsil reaching forward across left pillar of fauces and backward upon posterior wall of pharynx. Great restlessness from "backache." No albumen in urine. Kali chlor. three teaspoonfuls in a tumbler of water, a tablespoonful every half hour to be followed immediately by two tablespoonfuls of water. Next morning pulse and temperature same. A slate colored eruption on the chest. Continued. In evening pulse 96 temperature  $102^{\circ}$ ; eruption more abundant and deep red resembling scarlatina, but confined to anterior aspect of thorax. Recovery in four days. Exanthem remained and caused desquamation.

"*Babe*" *Hoyer* æt 7, sore throat followed by shaking chill, fever and delirium with vomiting at 4 A. M. Saw him at 7 A. M. Pulse 146; temperature  $105\frac{1}{2}$ ; ash gray membrane on both tonsils and extending downward. Headache, backache, trembling of hands with illusions of vision, and muttering. Difficulty of swallowing fluids, showing impending paralysis of the muscles of deglutition. Kali chlor. two teaspoonfuls of crystals in a tumblerful of water, four teaspoonfuls every half hour, day and night. Directed a little milk and gruel to be given every three or four hours, with as much water as he would take. Evening pulse and temperature the same as in morning. Not so restless and no delirium. Could not see into throat on account of bad light. Medicine continued. Forenoon of 2nd day, pulse 126; temperature  $102\frac{1}{2}$ , all other symptoms better. Membrane had neither increased nor diminished. Had slept pretty

well. Lengthened intervals between doses. Found albumen in urine passed during the night. Pulse and temperature fell rapidly from this point. Convalescence on 5th day of attack.

*Mollie Hover* æt 14 yrs. eight days from recovery of her brother, had chill followed by aching of head, back and limbs, sore throat and high fever. Found her with pulse 136; temp. 105. Left tonsil covered with yellowish gray "deposit." Cervical lymphatics swollen. Great fear of death was a prominent mental symptom. No albumen in urine. Kali chlor. two teaspoonfuls in a tumbler of water, dissolve, give one tablespoonful every half hour day and night. Next morning pulse 120, temperature 102°. Membrane appearing on right tonsil, and not extending upon left. Continued medicine. Patient made steady and rapid improvement with convalescence on fourth day of attack.

The peculiarity of the above cases lies in the frequent pulse and high temperature. Only within about one year have I seen cases of diphtheria exhibiting such alarming symptoms as to pulse and temperature. Of forty one cases treated by me since the spring of 1879 only four have had the low temperature exhibited in the epidemic of 1877. It is remarkable that the Kali chlor, (*alone*) displayed an almost miraculous power over these threatening symptoms. Of these 41 cases, *all* recovered. While in this county of Montgomery fifty four infant children and adults have died of diphtheria. Three years of constant use has convinced me that Kali chlor, is the true specific for malignant diphtheria. It *must* be given in large quantities (comparatively) and *largely diluted with water*. If the solution is too concentrated the local effect upon the stomach interferes with its absorption. In a malignant attack of diphtheria ten grain doses of the drug may be given every hour to a child of four years, but it must be given in at least two ounces of water in order to insure complete and rapid absorption. Diarrhœa is the only contra-indication. If diarrhœa set in the dose should be diminished, not discontinued.

H. W. T.

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CRITICS do not like an application of their own prescription. They apply caustic, but do not like to have it applied in their own case. What is the remedy for this hypersensitiveness?

DR. TAYLOR'S USE OF KALI CHLORICUM.

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Some of our readers will be ready to condemn the reports of our colleague because of the largeness of the doses used. Before doing so we ask them to read the account of: "Some cases of malignant diphtheria" which Dr. T. published in this Journal June, 1878, pp. 284-290. He gives there a very touching account of the loss of his two favorite children, under Merc bin., Apis, Kali bich., Hepar, &c., &c., &c., then the recovery of himself and wife, and remaining three children under Kali chlor. Then other cases with the same remedy. Twelve fatal cases in his town, Crawfordsville, Indiana. All the cases treated with Kali chlor. recovered; all the rest died.

We may be disposed to doubt the necessity of such massive doses, but must credit Dr. T.'s statement that four ounces were given to his three children, within eight days, without injury to any organ save the skin, which was affected with a dark punctate eruption similar to that we observe in malignant scarlatina.

We should expect acute nephritis to follow the use of large doses of Kali chlor.

In allopathic practice saturated solutions of Kali chlor. have been used. Seligmüller used a solution of one part of the salt to 19 parts water; a tablespoonful every hour to children over three years of age, which is about half an ounce in twenty-four hours. Renal diseases followed the use of these doses.

We shall be glad to hear from any of our readers who have had experience with the use of this drug *alone*. Give doses used and results. *Report fatal cases, if any*. Then let us know the *smallest* doses which have been used in malignant cases successfully.

One feature in Dr. T.'s report is worthy of special notice. Kali chlor. alone was used. Where a number of remedies are resorted to we never know to which to attribute the cure. We have had a large number of cases of diphtheria to treat during our 22 years residence in Detroit. Have lost but one case. But we cannot boast. We are rather ashamed to say that we never cured a single case with but one remedy. Kali bichromicum crude in water, and inhalations of pure Bromine have served us well in diphtheritic croup (see Observer, 1880, page 113) but other remedies had been used previously. We have generally used Aconite 1, Belladonna 1. Phytolacca, tincture of green root, and Merc. biniod, 2nd dec. trit. E. A. L.

## KALI CHLORICUM IN MALIGNANT SCARLATINA.

On Sunday the 19th of November, 1880, I was called to see "Jimmy" Vancleave, æt 4 yrs. I found him covered with a dark colored exanthem, confined to the skin of the body and limbs. His throat was much swollen, the nostrils seemed to be occluded and a sanious fluid dripped from the anterior nares and excoriated the upper lip. The lateral cervical glands, the tonsils, parotids, and sub-maxillaris glands were much swollen, and the pharynx seemed filled with a tough stringy mucus that proved a great impediment to breathing. The pulse was as nearly as I could determine 180 to the minute, and respirations sixty. He complained of "sore throat" and sharp pain in the head that made him scream out suddenly. Dotted about over the skin were many "blisters" varying in size from a mere point to a great bleb more than an inch in diameter, and filled with bloody serum. On the inside of the mouth similar hemorrhagic spots were visible, and blood was mixed with the tough mucus that constantly clogged up the pharynx.

This then was one of those cases of "Hemorrhagic Scarlatina" of which I had often read with secret terror. I had long ago determined that but one drug known to me could hopefully combat this dread form of a dread disease; and without hesitation I put a teaspoonful of crystals of Kali. chlor. in a tumblerful of water, and after it was quite dissolved (by crushing with a spoon in the fluid) I ordered one teaspoonful every fifteen minutes.

It would not be profitable to follow this case in the orthodox way from morning till evening, day after day, through the whole course of the attack. I may say that through three or four days there was little perceptible change in the outward conditions save that the blood gradually disappeared from the contents of the blebs, leaving simply a purulent serum that broke its way through the cuticle and soaked the cotton night-gown in which the little sufferer was enveloped. Other blebs formed having no blood in their contents; and thick black scabs formed over the healing sores. On the fourth day of my attendance the right eye became the site of one of these "blisters." The conjunctiva discharged a large amount of purulent serum, the ball was tense, the cornea covered with small ulcers and I confidently expected destruction of the ball. Both tympanums were perforated by pus on the sixth day, and discharged

large quantities. Albumen had appeared in the urine from the first day of my attendance; but at no time in large quantities, as carefully compared with a less severe case in the hands of my brother Dr. J. N. Taylor, of this city. I had been unable to take the temperature from the horrible condition of the axillæ and nothing could be held in the mouth. A moderate sip of any fluid would be returned through the nostrils, rendering the "feeding" a great task to patient and nurse. He suffered with constant nausea and made frequent efforts to vomit until fairly under the influence of the drug; and sleep could only be procured by greatly increasing the dose of the remedy, even to doubling it. He complained of great itching and burning of the skin for which the legendary "bacon rind" was tried in vain. Vinegar diluted one half with water proved the best palliative for the annoying symptom. On the eighth day the exanthem proper had disappeared (without desication) leaving a large area of skin (about one half) occupied with the "blisters." From that date the pulse gradually lessened in frequency until on the eleventh day it was at 134 to the minute and moderately strong and regular. He now slept well and was able to take milk without inconvenience. And now on the 21st day of his illness he seems fairly convalescent; the pulse 96 per minute, temperature 99° in the axilla, appetite good, no albumen in urine, the skin dotted with black scabs, and a few large open shallow ulcers over which the cuticle is rapidly forming. It is yet too soon to say that the patient is absolutely safe from sequelæ, and I do not give this case for a foundation for treatment of malignant scarlatina. Nevertheless knowing how all-potent is the Kali chlor. in malignant diphtheria, and believing that the pathology of these two diseases is one and the same—differing only in degree and extent, I am prepared to say that I confidently expect this drug to become the chief remedy in malignant scarlatina as it is, and will be, in malignant diphtheria.

H. W. T.

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BROMINE IN DIPHTHERIA.—We should be pleased to receive reports of the use of Bromine in diphtheria according to the recommendation of Dr. Teste, as printed in this Journal page 113, March, 1880.

## Practice of Medicine.

BY C. P. HART, M. D., WYOMING, OHIO, EDITOR.

### 3.—BRONCHIAL INFLAMMATION WITH SCANTY MUCOUS SECRETION.

CATARRHUS SICCUS; DRY CATARRH OF LÆNNIC.

Although, as remarked by Watson, authors have endeavored to draw nice distinctions between different species of bronchitis which present no such differences in the symptoms as to entitle them to a separate classification, there are at least four varieties of the affection, namely, pseudo-membranous bronchitis, the so-called *dry* catarrh of Lænnic, the *pituitous* catarrh of the same author, and the *inveterate*, *senile*, or *profuse muco-purulent* catarrh—which, in a therapeutic, as well as in a pathological point of view, are sufficiently distinctive to merit separate consideration. We shall first describe the variety known as *tussis titillans*, or *catarrhus siccus* of Lænnic.

**SYMPTOMS.**—This disease, in its primary form, is characterized at its outset by a spasmodic, titillating cough, caused by a peculiar irritation of some portion of the bronchial mucous membrane. The cough, which occurs in paroxysms, is most apt to set in at night, just as the patient, on retiring, assumes the recumbent position; but it may occur at any time of the day or night. The irritation that seems to provoke the cough, is perhaps most frequently seated in the region where the trachea bifurcates—the throat pit—but it may be experienced in the fauces, the larynx, the trachea, or in any portion of the respiratory passages. When the irritation is confined to the fauces and larynx, the sensation is one of roughness or formication, as if caused by the inhalation of some irrespirable vapor, such as chlorine gas; if seated in the sternal region, it gives rise to a sensation of oppression and dyspnœa, not unlike that of asthma; still lower, in the epigastrium, the irritation may provoke contractions of the diaphragm, and even cause nausea and vomiting.

In the first stage it is always dry, tormenting and irrepressible; and if the irritation is seated in the vicinity of the larynx, the reflex action may excite spasm of the glottis; this, when it occurs, is accom-

panied with extreme dyspnœa, the face becoming flushed, and the inspirations labored, panting, and more or less stridulous.

The cough occurs in paroxysms of longer or shorter duration, according to the violence of the attack. The lighter grades are generally quickly subdued; but when violent, or spasm of the glottis supervenes, the paroxysm may last for hours, and greatly exhaust the patient. After it has existed for some time, a small amount of very adhesive mucus is secreted, the expectoration of which, in the form of detached lumps or pellets mixed with phlegm, brings temporary relief. This *sputum margaritaceum*, as the characteristic expectoration is called, consists of small masses of pearl-gray mucus, which, by adhering to the lining membrane of the bronchia, frequently stop up the ramifying branches, and thus shut off the respiratory function and murmur from the portions of lung to which they are respectively distributed. These obstructions, however, are never so numerous or extensive as to diminish the general resonance of the chest, percussion eliciting a clear sound from every part.

This primary form of the affection generally runs an acute course, the accompanying fever being sometimes so violent as to excite apprehensions of the setting in of lobular pneumonia; but the intermittent character of the cough, and the concurrent diminution of the fever, with diurnal intervals of exemption, soon establish its true nature.

The secondary form may be either acute or chronic, according as it supervenes during the course of acute catarrhal diseases, such as coryza, measles, acute bronchitis, etc., or according as it becomes complicated with emphysema, chronic bronchial catarrh, tuberculosis, etc. In these cases, while the affection is to some extent masked by the primary disorder, the symptoms of irritation are generally so pronounced as to be easily discerned, and it is not until the glutinous, stringy, grayish mucous secretion is replaced by catarrhal or tuberculous expectoration, that they are liable to be overlooked. Even then the titillation continues to recur in particular parts of the respiratory passages, and is a source of great annoyance to the patient.

The chronic form involves chiefly the smallest divisions of the air-passages, the lining membrane of which is swollen and covered with a gluey secretion, which can only be expelled by severe paroxysms of coughing, similar to those above described. The fre-

quent repetition of these coughing fits results, sooner or later, in rupture and dilatation of the pulmonary vesicles. Hence we find almost every case of long-standing, complicated with pulmonary emphysema, and with more or less permanent dyspnœa; the face also becomes permanently congested, the ears, cheeks and nostrils presenting a characteristic bluish appearance, in consequence of the capillary venous engorgement resulting from the prolonged fits of coughing.

**ETIOLOGY.**—Kafka regards the simple form of this affection as a neurosis, caused by irritants that affect the principal nerves of the bronchial mucous membrane; such as the inhalation of cold or damp air, exposure to intense cold, sudden changes of temperature, cold winds, draughts of air, acrid gases or vapors, smoke, dust, too long or too loud talking, especially during a walk or run; screaming, singing, shouting, loud reading, especially if mixed up with a good deal of talking; exertions of the wind-pipe by the use of wind instruments, whistling, etc.; adding, that it may also be excited by fits of passion, chagrin, sudden fright or surprise, etc.; and sympathetically in hypochondriacs, hysteric women, children during the period of dentition, girls during the menstrual flow, etc.

What is called the secondary form of *catarrhus siccus*, often supervenes during coryza, measles, influenza, acute or chronic bronchial catarrh, emphysema, and tuberculosis; but whether as cause or effect is not always clear. Most authors, however, regard the titillating cough as secondary in these cases to the bronchial or pulmonary disease with which it is associated, even when it is the earliest and most prominent symptom in the case.

**TREATMENT.**—Whether we regard the cough as the most essential element in the case or not, it is of such a tormenting character, and gives rise to such serious consequences, that there can be no doubt as to the propriety of subduing it as soon as possible; our first and principal aim, therefore, should be to mitigate the paroxysms and prevent their return. To effect this, we should take into consideration the exciting causes, the seat of the irritation, the general and concomitant symptoms, particularly those of the respiratory organs, and, as in other cases, the conditions that tend to aggravate or ameliorate the attacks, or have any modifying influence upon them.

Of these, the most important, because the most influential, are the exciting causes. Hence the patient should be very careful to

avoid exposure to sudden changes of temperature, and especially those of a lower degree, the inhalation of irritating substances, either in the form of vapor or dust, the undue exertion of the respiratory organs, and every form of mental excitement. Even the temperature of the patients room should be carefully regulated, and kept as near the temperate, or rather, the *comfortable* point as possible both day and night.

**THERAPEUTIC INDICATIONS.**—*Aconite*.—High fever, attended with dryness of the throat; constant titillation in the fauces and larynx; dry, harrassing cough, occurring in paroxysms, especially at night, and aggravated by excessive warmth of the room, by talking, or by drinking; also when complicated by coryza, measles, or acute bronchitis.

*Ammonium carb.*—Titillation in the larynx and trachea, and attended with dyspnœa; dry and paroxysmal cough, occurring chiefly at night; cough provoked by violent contractions of the diaphragm. The cough is aggravated by the open air and by talking. This remedy is best adapted to cases complicated with coryza, influenza, and bronchial catarrh.

*Acidum Benz.*—Stinging sensation under the sternum, accompanied by a titillating cough, caused by a cold, and aggravated by deep inspiration; breathing asthmatic, and attended with catarrhal symptoms.

*Arsenicum*.—Expectoration difficult and scanty, consisting of tenacious mucus; cough dry, short and fatiguing, worse at night and on lying down, caused by irritation or titillation in the trachea, and attended with asthmatic or suffocative fits. Suitable to both acute and chronic cases, especially when attended with great debility.

*Belladonna*.—Titillation in the fauces and upper portion of the air-passages, with dryness of the throat, provoking an irritative, paroxysmal cough; spasm of the glottis, or great dyspnœa, with flushed face; sensitiveness to light and noise: dry cough day and night from titillation in the larynx or trachea; aggravation of the symptoms at night, or on lying down, talking, drinking, or crying. The remedy is indicated whether fever is present or not; also whether primary or secondary, simple or complicated.

*Chamomilla*.—Dry catarrh of children, especially when teething; this remedy is also suitable if the characteristic cough is com-

plicated with catarrhal symptoms, and accompanied with coarse râles, rattling of mucus in the bronchia, intestinal catarrh, etc.; also in cases of a purely nervous character, such as occur in sensitive women and girls, especially during the menstrual period.

*Conium*.—Dry, paroxysmal, irritative coughs, of such violence as to cause vomiting; cough worse at night and in rough weather; spasmodic cough, accompanied with contractions of the chest and diaphragm, with shortness of breath and flushed face; symptoms aggravated by lying down, by deep inspirations, and by the use of acids or salt food. *Conium* is specially adapted to cases complicated with acute bronchitis, measles, influenza, etc.

*Graphites*.—Chronic cases, attended with titillation of the larynx, nightly paroxysms of cough, catarrhal roughness and hoarseness of the air-passages, and dyspnœa. This remedy is particularly suited to women at the menstrual period; also to cases complicated bronchial catarrh, scrofulous eczema, and asthma.

*Hyoscyamus*.—Nocturnal cough, of a spasmodic character, excited by lying down, and relieved as soon as the erect position is resumed.

*Ipecacuanha*.—Typical cases of titillating cough, attended with nausea or vomiting; cough excited by a deep inspiration, by cold air, or by lying down. Especially suited to catarrhal cases, with rattling of mucus in the bronchia.

*Ignatia*.—Nervous, titillating cough, caused by irritation in any portion of the air-passages, or by depression of spirits; cough worse after eating, drinking coffee, or in the open air. This remedy is adapted to both primary and secondary cases, and is especially suited to nervous women and children.

*Kali carb.*—Dry, titillating cough, attended with violent headache, choking, pains in the larynx and chest, with or without catarrhal symptoms; nightly exacerbations, followed by exhaustion.

*Mercurius*.—Catarrhal cases, especially when complicated with diarrhœa, or attended with copious perspirations which fail to relieve. This remedy is particularly suited to teething children, especially after *Chamomilla*.

*Natrum mur.*—Spasmodic, titillating cough, attended with dyspnœa or vomiting, especially when caused by active exercise, or by mortified feelings. This remedy is adapted to catarrhal cases,

both acute and chronic, especially when complicated with coryza, nasal catarrh, emphysema, or tuberculosis.

*Nux vom.*—At the outset of typical cases, especially those of a catarrhal nature, and attended with constipation, irritable mood, etc.

*Opium.*—Spasmodic, paroxysmal, titillating cough, occurring chiefly at night, and attended with but a scanty expectoration; irritation of the larynx, causing cough, with oppression of the chest.

*Rhus tox.*—Cough excited by tickling and dryness in the throat, accompanied by coryza, and rheumatic pains in the limbs, especially when caused by exposure to cold or damp; racking, paroxysmal cough, with pain in the head.

*Rumex.*—Titillation in the trachea, with soreness; dry catarrh, with great irritability of the laryngo-tracheal mucous membrane; violent, incessant, fatiguing cough, with little or no expectoration, worse at night or on lying down; aggravated also by pressure, talking, and by inspiration of cold air.

*Senega.*—Titillating cough, excited by irritation in the larynx, and attended by roughness in the throat, frequent sneezing, and oppression of the chest; aggravated by cool air, and by exercise, especially going up stairs. This remedy is best suited to acute attacks, or when complicated by influenza.

*Zincum met.*—Dry titillating cough, with stitches in the chest and oppressed breathing; the irritation is seated in the trachea, producing a violent spasmodic and exhausting cough; attacks the patient at night, depriving him of sleep; respiration asthmatic. Especially suited to the cough when it occurs in hysteric women, particularly during the menses.

CLINICAL OBSERVATIONS.—Kafka says: "We have seen a very violent, acute titillating cough cured very speedily by means of a decoction of *Senega*; the patient was a lady, and had contracted the cough during an ascension of the Riga. This remedy is appropriate for cough, if the titillation is seated in the larynx, and this is attended with roughness in the throat and oppression on the chest; if the cough is made worse by the breathing of fresh air, and if the patient has to sneeze frequently and continually until the head feels heavy and giddy, without any coryza being present. It may be used during an attack of influenza and acute bronchial catarrh.

Meyhoffer says of *Kali iodidum*: "Dry irritating cough with scanty and rather frothy thin mucous expectoration, or none at all,

obstinate tickling and irritation in the windpipe, prolonged expiration with sensation of tightness of the chest, and shortness of breath, are the leading symptoms for the selection of this medicine."

Of the Bichromate he says: "We are not cognizant of a remedy more efficacious than *Kali bichr.* in obstinate cases of chronic bronchitis, either attended by violent fits of coughing, splitting headache, and muscular weakness, or by that wearisome morning cough which ceases only after the expectoration of a gluey phlegm. Inhalations of this salt (a quarter of a grain to the ounce of water) contribute much to accelerate recovery. Bichromate as well as the Iodide of Potassium is also frequently adapted where a scrofulous taint is combined with rheumatic affections of the fibrous tissues and the periosteum."

This author also reports the following case: Madame de la T—, æt. 56, with scrofulous scars on her throat, living habitually in the north of France, had been suffering for the last eight years from violent cough in winter, which only partially disappeared even during summer. Her general health beginning to fail, she came to Nice for the winter 1861–62; on her arrival she complained of a very fatiguing dry cough, which gave her no rest night or day, as well as of chronic coryza with constant blowing of the nose, and serious discharge alternating with impossibility of breathing through the nostrils. She suffered moreover from pain in the upper part of the right side of the chest, and below the sternum; a full breath increased the pain in the chest. The patient looked pale, and her bluish lips betrayed insufficiency of aeration; walking or going up stairs caused great shortness of breath; she had grown much thinner and weaker within the last six months, and had entirely lost her appetite. On examination the lining of the nose was found of a dingy purplish color, puffed and swollen, the rim of the nares excoriated and crusted, the pharynx rugged, with swollen follicles and bluish-red aspect. The respiratory noise was rough on both sides, expiration prolonged in the apex of the right lung, with diminished vesicular murmur; disseminated sibilant rhonchi were heard on both sides of the chest.

"Besides the bronchitis there was evidently a slight congestion in the apex of the lung. Bryonia 3 was exhibited; it relieved the pain in the chest, the prolonged expiration in the right lung subsid-

ed, the vesicular murmur returned, and within a few days the cough at night had altogether ceased. Iodide of Potassium succeeded the above remedy, and was continued with intermission of eight or ten days every fortnight for nearly three months. She left Nice in the month of April totally free from cough and coryza, having also gained flesh and being able to take long walks without experiencing any difficulty of breathing. In November, 1864, she again visited this winter station, accompanied by a daughter who was affected with incipient tuberculosis of the lungs. She then told me she had since her former visit to Nice taken several colds, which had readily yielded in a few days to homœopathic treatment." This case happily illustrates the correctness of the preliminary remarks above made under the head of *Treatment* (q. v.)

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BYRON AS AN ANTI-PHLEBOTOMIST.—Byron, throughout his life had a profound repugnance to being bled. When he was on his death-bed his physicians proposed phlebotomy, but Byron refused to allow it, combating the quackeries of his medical advisers with the logic of common sense and experience. But at last, worn out by the persistent importunities of the doctors, he extended his arm and angrily exclaimed; "There, you —— butchers, since you will have it, take as much blood as you like, and have done with it." Repeated bleeding hastened his death.

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CHRONIC CYSTITIS.—(*Homœopathic Times*.)—Dr. Frank Hamilton recommends horse-back riding for this troublesome disease when it is uncomplicated with enlarged prostate. He says: constitutional causes lay at the bottom of a great many chronic inflammatory conditions, and a knowledge and remembrance of this fact is necessary to successful treatment. Anæmia and disturbances of digestion are often a part of this constitutional vice. Such diseases as chronic conjunctivitis, otitis, bronchitis, pharyngitis, laryngitis, urethritis, and arthritis, are examples of inflammations dependent generally on constitutional causes. Not one of these can, as a rule, be cured by local measures. Even a chronic congestion and displacement of the uterus may be relieved by riding in the saddle and attention to general hygienic measures.

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DR. MACLAREN, of Edinburgh, Scotland, states that the types of insanity have changed within modern times. For instance, acute delirious mania is now comparatively rare, but mental enfeeblement attended with paralysis is becoming more and more common, and is the result of the overwork and worry of the struggle for existence at the present day.

**THE THERMOGRAPH.**—Dr. A. Wellington Adams, of Colorado Springs, Col., gives a very elaborate description and makes very strong claims for a new instrument invented by himself and called the Thermograph. It is described in the *Rocky Mountain Medical Review*, for November, 1880. This instrument will, says the author, give a continuous curve denoting the constant febrile condition of the subject. It has already demonstrated a minor heat curve for typhoid fever. It will also give at the same time and on the same strip of paper a sphygmographic and respiratory curve. The instrument is expected to be of great value to meteorological science.

The following is a brief description of its mechanism and principles: A coiled spring is made of two lamellæ of brass and steel, the brass forming the outer part of the coil. This spring is fixed at the centre, but the free end presses gently against the contents of a short vulcanite tube. As the temperature of the apparatus rises the metal coil expands, and the pressure exerted by the free end varies and always corresponds to the temperature. The vulcanite tube is filled with a powder composed of plumbago, gas carbon, and silver, in a finely divided condition. The electrical conductivity of this mixture changes with the pressure to which it is subjected. Wires from an electric battery are connected so that the current passes through the powder, and it will therefore be understood that with the rise and fall of the temperature, and the consequent changes in the pressure of the coil upon the powder, the intensity of the current will vary. It is now only necessary to arrange a means of recording these alterations in the current, and this has been done in a very ingenious manner. A wire helix, of special construction, forms part of the circuit, and into this a soft iron core is passed, free to move up or down. The position of the core is governed by the strength of the current, and as the core rises and falls it communicates motion to an index which records its position continuously upon a moving strip of paper. The battery and the recording part of the instrument are placed in a neat cast iron case, while the coil is enclosed in a German silver case about an inch and a quarter in diameter. To use the thermograph it is only necessary to place the little case in the axilla of the patient, and a continuous record of the temperature is thus obtained. The cost is estimated to be not over \$50.

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**LONGEVITY.**—Jacob Hemstraught, of Campville, Tioga County, N. Y., died, age 103 years. His father was eighty-seven years, his grandfather ninety-eight, and an uncle 120 years when they died. His oldest daughter is seventy-two years of age.

## The Laugh Cure.

"A MERRY HEART DOETH GOOD LIKE A MEDICINE,"—SOLOMON.

AFTER THEM.—When an Indian doctor has lost five patients, the survivors of the tribe send him after them to see what has become of them. After all, the Indians would lose some advantages by civilization.—[Burlington Hawkeye.

REAL ESTATE. (*N. M. Med. Gazette.*)—The human skeleton consists of more than two hundred distinct bones. So, when a man says that "every bone in his body aches," you may know that he is the proprietor of more than two hundred achers.

TIS'NT THE SEA. Angelina (scientific): "Do you smell the iodine from the sea Adolphus? Isn't it refreshing?" Old salt over-hearing): "What you smell ain't the sea, miss: it's the town drains, as flows out just 'ere."

POETIC JUSTICE.—The miscreant who was defacing the rocks in Colorado with quack advertisements, fell from a precipice and was himself defaced.

BAD TASTE was shown by the Ottamwa M. D's., who made New Year's calls with a sleigh drawn by half a dozen horses, presenting cards with their names printed upon them around a dancing skeleton, and the motto: "coming events cast their shadows before."

BISHOPS AND DOCTORS.—"I am not ashamed to say I have a son a doctor."—*Speech of the Bishop of Liverpool to medical men.*

"How kind of the bishop and how patronizing,  
And yet to his *Punch* 'tis a little surprising  
That speaking to medical men there in session  
He dared speak of shame and a noble profession,  
A bishop looks after our souls, but how odd is  
The sneer that's implied at the curers of bodies;  
For surely it would be no hard task to fish up  
A hundred brave doctors as good as the bishop."

—*Punch.*

POPULAR M.D.—\$1,500, M.D.

## American Observer.

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E. A. LODGE, SEN'R., M. D., DETROIT, MICHIGAN, EDITOR.

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### LOWERING OF OUR STANDARD IN THE UNIVERSITY OF MICHIGAN.

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A LETTER FROM DR. DAKE OF NASHVILLE, TENNESSEE.

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E. A. LODGE, SEN'R., M. D., Editor of the OBSERVER:

Having been much interested, as you have had occasion to know, in the movement for the introduction of homœopathic teaching in your great University, and having been a patron of the homœopathic department since its inauguration, I make free to ask you to explain to me and other friends of the school, the serious change that seems to have been made in the chair of *Materia Medica*.

I observe in the announcements of the college, since the resignation of Prof. Jones, that the title of the chair he occupied has been changed from "Materia Medica, Therapeutics and Experimental Pathogenesis," to "Materia Medica and Therapeutics."

Has the Board of Regents ordered such a change, or, has it been made without an official order?

Having some knowledge of the deliberation and purpose which led the Regents to make the teacher of *Materia Medica*, also, the conductor of drug experimentation, to the end that *Materia Medica might be improvcd as well as taught*, I am reluctant to see such a step backward, without some explanation from those who know why and how it was taken, and some expression of regret from the friends of original inquiry in medicine.

My appreciation of the advanced move made by the Regents, when they opened the way into the richest field of medical discovery, by enlarging the domain of the chair of *Materia Medica*, I have expressed repeatedly in your Journal and similar publications beyond

the sea. I may be pardoned, then, for asking, if it be possible that the wise act of of the Regents is to be rescinded or set aside.

Is the bright promise of the vital laboratory, in the interest of drug pathogenesis, to be thus rudely wiped away?

And, in this connection, I also desire to ask, if it is true that, the Professorship of Materia Medica has been reduced to a mere *lectureship*?

I observe in some of the announcements of the homœopathic college, that the present occupant of the chair, left vacant by Prof. Jones, is only a lecturer !

As editors are supposed to be well informed upon all subjects, especially upon very important ones, I come to you for information.

Very truly yours,

J. P. DAKE.

Nashville, Tenn., January 1st, 1881.

#### REPLY TO ABOVE.

The above queries come to us from Prof. Dake while we are quite sick. At another time we may reply in full; at the present we will merely say:

1. There has been no intimation in the published proceedings of the Board of Regents of any change in the title of the chair, and we do not believe any change has been authorized by them.

2. At the time Dr. Allen was appointed lecturer we stated that the appointment was a *compromise*. Some supposed that it was a mere temporary arrangement, others that it was an experiment.

3. *Experimental Pathogenesis* can be taught by Prof. Jones. This has been demonstrated. No proof has been furnished that any one of the present professors or lecturers in our college at Ann Arbor have any special capacity in this direction.

4. The change has doubtless been a retrograde one, procured under the influence of Dr. Adolph Lippe and others, of the *Internationals*, who do not represent one fourth part of the homœopathic profession.

Now we have a question to ask Prof. Dake. Why should a college designed to represent our whole school, in a State University, be so conducted that it does not represent the teaching or practice of a fourth part of our physicians in this State, or any other state of the union?

E. A. L.

## Colleges and Societies.

ALBERT LODGE, M.D., DETROIT, MICHIGAN, EDITOR.

THE NEXT MEETING OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.—Prof. Dowling, of New York, President of the Institute and chairman of the Executive Committee to which was referred arrangements for the time and place of the next meeting, announces that it will be held at Brighton Beach Hotel, commencing June 14th and lasting four days. Brighton Beach is located directly upon the Ocean, within a few miles of New York city. The hotel, which is one of the finest in the world, is kept by Mr. James Breslin, well known to the travelling public as the former proprietor of the Grand Union Hotel at Saratoga Springs, and at present proprietor of the Gilsey House, New York. Mr. Breslin pledges himself to do all within his power to make the stay of the members as pleasant as possible. Should he be lacking in sleeping accommodations for all the large number expected to be present, provisions will be made for them to lodge at the Manhattan Beach Hotel, but two or three minutes ride by rail. He has dining accommodations for 1,200. A banquet will be given to the members of the Institute and other friends present, and arrangements will probably be made for an excursion to the Ward's Island Homœopathic Hospital (with supper on the boat) through the Bay and East River, via Hell Gate, where was the celebrated submarine blast which shook the entire island of New York a few years ago.

Those purposing attending the International Congress, which meets in London, on July 11th, will have ample time for the voyage after the adjournment of the Institute. The President trusts and believes this will be the largest and one of the most interesting meeting of the American Institute of Homœopathy.

INTERNATIONAL HOMŒOPATHIC CONVENTION is to assemble in the city of London, England, on the 11th of July. Profs. I. T. Talbot, M.D., of Boston, Wm. Tod Helmuth, M.D. of New York and Bushrod W. James, M.D., of Philadelphia, form the committee of arrangements on behalf of the American Institute of Homœopathy. Any of our friends who propose going should correspond with the committee at as early a date as convenient.

ERRATA.—1880, page 531, 4th and 6th lines for x 30 read convex 30.

Page 25 present number, second line for prescribed read *prescribe*.

## VERMONT HOMŒOPATHIC SOCIETY.\*

## OFFICIAL REPORT OF THE ANNUAL MEETING.

The annual meeting of the Vermont State Homœopathic medical society was held at the capital, Montpelier, Wednesday and Thursday, Oct. 20 and 21. The meeting was called to order by President Brigham at 2 p. m. Journal read and approved. The following persons were presented by the board of censors and elected members: Drs. C. A. Gale, Rutland; Clara P. Reed, Bellows Falls; D. A. Whittlesey, West Randolph; C. J. Farley, Swanton; D. H. Roberts, Underhill; G. M. Ockford, Burlington, and C. P. Holden, Gaysville.

Some discussion followed in reference to the constitution.

The third Wednesday of October of each year was fixed as the time for the annual session.

The following were appointed a committee to prepare resolutions on the death of Dr. Constantine Hering, late of Philadelphia, Pa., Drs. Gale, Jones and Waugh.

Dr. Brigham, of Montpelier, presented an interesting case of surgery. Adjourned until 7 p. m. The evening to be spent in social discussion, after which society adjourned until 9 a. m.

Dr. Gale presented Dr. Pond's sphygmograph, and called attention of the society to its many merits.

The board of censors, through Dr. Jones, chairman, reported upon a number of licenses granted since the last annual meeting.

The following were then elected officers for 1880-81:

President, Dr. T. R. Waugh, St. Albans; vice president, Dr. S. H. Sparhawk, St. Johnsbury; recording secretary, Dr. C. S. Hoag, Waterbury; corresponding secretary, Dr. G. E. E. Sparhawk, Burlington; treasurer, Dr. W. B. Mayo, Northfield.

Censors, Drs. J. H. Jones, Bradford; C. H. Chamberlain, Barre, and C. J. Farley, Swanton.

Auditors, Drs. E. B. Whitaker, Hinesburg; C. A. Gale, Rutland and C. P. Holden, Gaysville.

Legislative committee, Drs. C. H. Chamberlain, Barre; C. S. Hoag, Waterbury; H. C. Brigham, Montpelier; J. M. Van Deu-

\* The above article was in type for December No., but unavoidably crowded out.

sen, Waitsfield; J. H. Jones, Bradford, and G. E. E. Sparhawk, Burlington.

Delegates from this to other state societies: Connecticut, Dr. H. E. Tucker, Brattleboro; New Hampshire, Dr. J. H. Jones, Bradford; Massachusetts, Dr. G. E. E. Sparhawk, Burlington; New York, Dr. G. M. Ockford, Burlington.

Delegates to American Institute of Homœopathy which meets at Long Branch, June, 1881: Drs. J. R. Waugh, G. E. E. Sparhawk, and G. M. Ockford. Alternates, Drs. C. H. Chamberlain, H. C. Brigham and S. H. Sparhawk.

The following bureaux were appointed by the president-elect:

Materia medica and pharmacy, Drs. G. E. E. Sparhawk, J. H. Jones, and C. A. Gale.

Obstetrics and diseases of women and children, Drs. S. H. Sparhawk, J. Haylitt, J. M. Van Deusen and Miss C. P. Reed.

Clinical medicine, Drs. J. M. Sanborn, C. H. Chamberlain, C. J. Farley and E. B. Whitaker.

Surgery, Drs. C. S. Hoag, Henry Tucker and T. W. Halsey.

Psychological medicine, Drs. C. Woodhouse, H. W. Hamilton and M. D. Smith.

High potencies, Drs. G. M. Ockford, N. H. Thomas and A. E. Horton.

The reports of the different bureaux were then taken up.

An interesting paper on Semiology and Pathology, by Dr. Waugh, was then read, also Dr. Farley read an instructive paper on Baptisia. Drs. Hoag and Hamilton then made remarks on cancers, which were followed by Dr. C. A. Beldin, of Jamaica, N. Y., (delegate from the New York state society) on cancers of the stomach, and interesting cases reported; one, a remarkable case of a man who lived three months without food, the pyloric orifice of the stomach being entirely closed.

Adjourned until 1:30 P. M.

Upon reassembling, papers were read by Dr. Haylitt on Caulophyllum, by Dr. Van Deusen on Topical Applications in Mastitis and on Internal Indicated Remedies, by Dr. Ockford on *Phytolacca dec.* in Mastitis, followed by remarks upon the same by Dr. Chamberlain.

An interesting case was reported to the society, by letter, from Dr. Halsey, of Middlebury, on Senile Gangrene.

I. T. Talbot, M. D., dean of Boston University of Medicine, sent to this meeting of the society an instructive paper on the work of State Societies.

Thanks were voted to retiring President Brigham.

Adjourned to meet in semi-annual session at Burlington on the 3d Wednesday of May, 1881. A preliminary meeting to be held the evening previous.

T. R. WAUGH, M. D.,  
President.

C. S. HOAG, M. D.,  
Secretary.

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HOMŒOPATHIC MUTUAL LIFE INSURANCE COMPANY OF NEW YORK make an excellent showing for December 31st, 1880.

Total Assets.....	\$649,730.42
Total Reserves and Liabilities.....	\$544,573.89
Balance, being Surplus Security to Policy Holders over all Reserves and Liabilities.....	105,156.53

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\$649,730.42

Detailed statements can be obtained upon application to Frank B. Mayhew, Esq., Sec., 257 Broadway, New York.

The remark we heard a Life Insurance man make some months ago that the assets of this Company were impaired is evidently a misrepresentation. We understand that in their statement every liability is in at its highest, and every asset at its lowest valuation, that all the reserves are kept up, and the surplus to policy holders is largely increased. Also that interest receipts continue to pay death losses. We have every confidence in its stability and management.

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A LIBERAL OFFER.—Having arranged clubbing terms with the *North American Review*, we are enabled to offer that foremost of American periodicals, together with the *OBSERVER* at the low price of \$6 per year which is only \$1 more than price of *Review*. The *Review* is the organ of the best minds of America, nearly every writer of note in the country being a contributor to it. It discusses the subjects that are most prominent in the public thought at the time, and presents both sides of all important questions. It combines to a considerable extent the thoroughness of the *Cyclopædia* with the timeliness of the daily paper.

## A NEW DEGREE IN MEDICINE.

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Nearly six years ago, I addressed a communication to the board of regents on a subject which was then and I think still is of interest to the medical profession. Its adoption now would do much to elevate the medical profession. It would soon make a wide chasm between the studious and talented physician and the loud-mouthed quacks which the stringent laws of other states and of Canada have driven into Michigan. It would help the people to judge correctly between the qualified physician and those adventurers who prey upon the credulity of the sick. The pretentious quack who claims to be the inventor of some new and remarkable kind of gas known only to himself, and who pretends to tell the exact number of nerves and muscles in a pig's nose with his wonderful instruments, can be mildly punctured of his superfluous gas and thus reduced to his truly infinitesimal proportions. His astounding degrees, *all bogus*, of A. B., A. M., M. D., LL. D., C. O. D., etc., (the last three letters show how all the others were obtained), from institutions which he never attended, nor even saw, can be looked into. Indeed much good to both people and profession would result therefrom.

The document referred to was as follows:

"That the board of regents of the University of Michigan confer the degree of M. S., Master of Surgery, on all who comply with the following conditions:

"1. All graduates of medical colleges or universities who are residents of this state, and who have been in actual and reputable practice for five or ten years.

"2. All graduates of medical colleges in Michigan who are residents of other states and countries and who have been in practice ten years; provided that said graduates shall possess and have maintained an honorable professional reputation as well as one for strict sobriety and integrity, and shall comply with such rules and regulations with reference to oral or written examinations on practical medicine and surgery as said regents or a board of examiners appointed by them may determine; and provided further, that graduates who are practitioners of different schools or systems of medicine shall be equally eligible to said degree.

"The regents to confer, with the said degree of master of surgery, a suitable diploma, under the seal and sanction of the University of Michigan, on all acceptable candidates who shall have paid the sum of \$10 to defray the expense of the same."

All candidates for such a degree should be registered six or twelve months prior to action being taken thereon that their qualifications and reputation may be fully inquired into. Such a degree, when

granted, would be worth something to the recipient of it. It would stimulate all genuine physicians to become worthy of it.

Such a degree is said to be given by some European colleges, and it would add to the fame of our University to initiate it here.

Detroit, Mich.

E. R. ELLIS, M. D.

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## N. Y. S. HOMŒOPATHIC ASYLUM FOR THE INSANE.

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The annual meeting of the Trustees of the N. Y. S. Homœopathic Asylum for the Insane was held at the Asylum, Dec. 9th, 1880. There were present Messrs. Harper, Graham, Draper, Hayes, Guernsey, Wilkin, Burt, Vanamee and Stivers. The Board proceeded to the election of officers for the ensuing year, when all the officers of last year were unanimously re-elected as follows: President, Fletcher Harper; Vice President, Grinnell Burt; Secretary, M. D. Stivers; Treasurer, U. T. Hayes,

The report of Medical Superintendent Dr. Selden H. Talcott, showed that the rate of recoveries of the insane was larger last year than ever before in the history of the institution and the death rate lower. The rate of cures was 46.56 per cent. and of deaths 4.18 per cent. In all 311 different patients were treated during the year, of whom 164 were in the Asylum at the beginning and 180 at the close, Oct. 1, 1880. The number admitted was 147 and the number discharged or dying 131. The number discharged cured was 61, improved 24, unimproved 33, deaths 13. The largest number present at any one time was 199.

The means employed to effect cures were the same as have heretofore been used in the institution. First, every effort is made to restore patients to bodily health and strength, which is in most cases a necessity. Rest, quiet, exercise, employment, amusement, are each and all used where they will be beneficial in the work of restoring the insane to mental and bodily health. Homœopathic treatment, of course, is the rule where medicine is necessary. Good nourishing food is one of the main reliances of the management. The male patients have been employed mostly in gardening and other light work on the grounds, while the women have done most of the plain sewing of the institution.

The Superintendent discusses at considerable length and very fairly and sensibly the much mooted question of restraint or non-restraint. While condemning it as a general treatment he regards it as a necessity in exceptional cases and then he prefers restraint to the use of stupifying methods that are used in its stead in some institutions. He mentions one case where an insane woman was only prevented from sticking herself with pins and needles by covering her hands with light canvas until the mania passed away. A male

patient was treated in the same way to prevent him from pushing his thumbs into his eye sockets which he said the Lord commanded him to do. Another patient had to be put into restraint to defeat the most persistent and varied attempts at suicide that could be imagined. Restraint is used only to prevent suicide and mutilation, and then with the greatest care.

Dr. C. Spencer Kinney, who has been connected with the institution for some time, has been appointed, Second Assistant physician in place of Dr. N. Emmons Paine, who resigned on account of failing health and has gone to Europe. This has been the only change in the faculty. Dr. W. M. Butler remains the First Assistant physician, and Miss Horton the Female Assistant and Mr. John Cochran the Steward.

The Superintendent mentions the organization of the Fire Brigade in the Asylum.

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LIEBEG LABORATORY PREPARATIONS as advertised by us for several months should not be confounded with any patent nostrums. They are legitimate pharmaceutical products and doubtless worthy of the recommendations given to them by both homœopathic and allopathic Journals. Their extract of Witch Hazel has the natural color, odor and taste of Hamamelis and is far superior to the colorless article named Pond's Extract. When our physicians desire to prescribe Erythoxylon Coca their attention may be directed to this Co.'s Coca Beef Tonic, and Coca beef tonic with citrate of Iron.

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NEW YORK OPHTHALMIC HOSPITAL FOR EYE AND EAR,  
CORNER 3RD AVENUE AND 23RD STREET.

Report for the months ending Nov. 30th and Dec. 31, 1880.

Number of Prescriptions, Nov. 3,506; Dec. 3,434.

Number of new Patients, Nov. 440; Dec. 419.

Number of Patients resident in the Hospital, Nov. 21; Dec. 12.

Average daily attendance, Nov. 146; Dec. 132.

Largest daily attendance, Nov. 233; Dec, 83.

CHAS. DEADY, M.D.. Resident Surgeon.

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"AGENT'S HELPER" is the title of a little forty page, vest-pocket classic, issued by the Homœopathic Mutual, and distributed among its agency corps. It is really surprising how much a man can say in a few words if he has only the grace of brevity. This little book is filled with little paragraphs, and each little paragraph is packed with little words, and every little word has its little meaning, and altogether the thing is a model "agent's helper."

## Personal Notices, &c.

**BERRIDGE.**—Dr. E. W. Berridge is no longer upon the editorial corps of *The Organon*.

**BLAKELFY.**—W. H. Blakeley, M.D., our former editor of Gynæcological department, was elected health officer of the city of Bowling Green, Ky., on the 8th of January,

**FOSTER.**—Dr. W. D. Foster, of Hannibal, Mo., proposes to publish a Homœopathic Quarterly.

**HELMUTH.**—We are pleased to learn that Prof. Helmuth, who has been suffering with septicæmia is now convalescent.

**JAMES.**—Our colleague, now Editor of department of *Sanitary Science*, read a paper before the American Public Health Institute at New Orleans upon: "How Abattoirs improve the Sanitary condition of cities," which has been published in their proceedings. We expect to commence in our next number a series of *Sanitary* papers from Dr. J's pen which will be of particular interest to the profession.

**KINNEY.**—C. Spencer Kinney, M.D., has been appointed second assistant physician to the N. Y. State Homœopathic Asylum for the Insane, at Middletown, New York.

**PRICE.**—We are gratified to receive from our friend and former colleague Dr. Elias C. Price, of Baltimore, a paper upon chronic cervical endometritis which was read before the Maryland Homœopathic Society, Nov. 10, 1880, and which we shall publish with pleasure in the department of Gynæcology.

**RICHARDSON.**—Prof. Wm. C. Richardson, of St. Louis, author of a system of Obstetrics, and formerly editor of the Obstetrical department of this Journal, will be the managing editor of the *Homœopathic Courier* which is to appear this month.

**RUNNELS.**—We are glad to see that the *Saturday Review* of Indianapolis gives due credit to Dr. Moses T. Runnels, for his persistence in directing attention to the necessity of a supply of potable water for their place. Indianapolis is a very beautiful city but it cannot be a healthy one without an abundant supply of pure water. Just think of this item in the same paper: "Tincture of porcine intestines is not an appetizing beverage, but the Board of Health says we have got to drink it, or else avoid the hydrant."

But what of well water in a densely populated city?

**TAYLOR.**—Our colleague H. W. Taylor, M.D., has been absent in Florida upon business and probably enjoyed its warmth while we were chilled at a temperature 16 below zero. We trust he will speedily return and give us some more refreshing papers from his pen.

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### MARITAL.

**HARRIS—CRAWFORD.**—On Tuesday, November 16th, 1880, David R. Harris, M.D., to Mrs. Mary Crawford, both of New Castle, Pa.

**QUINT—PIERSON.**—On Wednesday evening, November 3, 1880, by Rev. William J. Purington, of Hopewell, N. J., S. H. Quint, M.D., and Miss Katie M. Pierson, both of Camden, N. J.

**REEVES—LEWRY.**—On Thursday, November 4th, 1880, at St. Mark's Lutheran church, by Rev. S. Laird, Joseph M. Reeves, M.D., and Josephine Lewry, both of Philadelphia.

DENISON—CRARY,—Rial N. Lenison, M.D., of Ticonderoga, N. Y., has been united in wedlock to Miss Helen D. Crary.

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### NATAL.

VALENTINE.—The wife of Prof. Philo G. Valentine, M.D., of St. Louis, presented her worthy husband a son on the 6th of December. We tender our congratulations. May the doctor have our own number—six sons and six daughters.

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### NECROLOGICAL.

BECKWITH.—The *Investigator* says that E. Beckwith, M.D., of Columbus, Ohio, died recently.

CLARKE.—John L. Clarke, M.D., of Fall River, Mass., on the 24th of December, 1880, in in his 68th year. The *N. E. Medical Gazette* says: "One who had known him for forty years said to us 'He died full of honor, with the record of a spotless life, and one full of kind and useful service to his fellow men. His personal character was absolutely superior to that of any man I have ever known,' a rare tribute of praise from one physician to another."

SIMS.—Francis Sims, M.D., the first Professor of Surgery in the old Homœopathic Medical College of Pennsylvania, died November 29th, 1880.

WARNER. We regret to learn by telegraphic dispatch, that S. E. Warner, M. D., died at Milford, Michigan, on Jan. 10th, of diphtheria. He was a graduate of the Homœopathic College of the University of Michigan, 1878. A young man of fine promise, becoming very popular in the town where he located. We tender the bereaved family our sincere sympathy in their affliction.

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### REMOVALS.

ADAMS Dr. T. L. to Berwyn, Chester Co., Pa.

BAKER Dr. W. H. to Fernwood, Delaware Co., Pa.

BOLTON Dr. J. B. from Merrimack to Newburyport, Mass.

CURRIER Dr. C. B. from 202 Stockton street to 312 Ellis street, San Francisco.

HOYT Dr. P. B. from Paris, Ill., to Norwalk, Ohio.

LODGE Dr. Edward Aug's from Detroit to Milford, Mich.

McLAREN Dr. W. R. from Woonsocket, R. I., to Detroit, Mich.

RICE Dr. Albert to Columbus, Indiana.

SHANNON Dr. J. F. to 322 Penn. ave, Pittsburgh, with Dr. J. C. Burgher.

SANDERS Dr. S. N. from Frankfort, Ind., to Mattoon, Ills.

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MICHIGAN SANITARY CONVENTION will meet in the City Hall, in the city of Flint, Michigan, January 25 and 26, 1881.

The sessions will begin at 2 P. M. and 7 P. M., January 25 and at 10 A. M. 2 P. M., and 7 P. M., January 26. During each session of the Convention there will be one or more addresses or papers on some subject of general interest pertaining to public health, each paper to be followed by a discussion of the subject treated.

This Convention is held under the auspices of the State Board of Health.

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DELAY.—Very provoking delays have occurred in the issue of our last three numbers, some on account of sickness were unavoidable, and others we shall guard against hereafter. We expect to have the February number out in about two weeks. It will contain some of the *best* papers we have issued.

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HAHNEMANN COLLEGE, CHICAGO, 200 students. Good.

## Surgical Observations

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PROF. H. F. BIGGAR, M. D., CLEVELAND, OHIO, EDITOR.

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### LACERATION OF THE CERVIX UTERI.

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Cervical lacerations may occur, and may, by the reparative processes of nature, become thoroughly healed and require no services from a surgeon. It is probable that in giving birth to her first child every woman suffers a laceration of greater or less size. Where the lesion is slight and in a position favorable for rapid healing it may occur and be completely cured while its existence has never been recognized and perhaps not suspected. In the very soft condition of the cervix at child-birth it would be useless to expect to learn from examination whether such lesion had taken place, unless a very profuse hæmorrhage should follow. There are no unusual signs accompanying the existence of one or more rents, even though they should occur of considerable size, by the appearance of which the surgeon is enabled to decide upon the presence of the lesion.

Cervical laceration befalls a patient at a time when her enforced recumbent position during many following days plays a most important part in aiding nature to effect a cure. A lacerated anterior or posterior lip is more likely to heal voluntarily than a laceration in a lateral direction; the former are also of more frequent occurrence. Of course, should the tear in either anterior or posterior lip be very extensive, it is liable to give rise to complications which demand surgical interference. Those which readily heal of themselves are slight and confined to the cervix being generally in the median line.

The pressure given by the walls of the vagina is from a lateral direction, and this pressure aided by a recum-

bent posture is the very condition best suited to the healing of the parts, especially when warm water injections are used to assist the work by keeping the parts thoroughly cleansed. Should the rent in the anterior lip extend beyond the cervix through the septum, a vesico-vaginal fistula will probably result, which condition will demand its proper treatment. Should a rent in the posterior lip be so extensive as to divide the cervix and extend into the cul-de-sac, and should cellulitis follow this condition, it is probable that this resulting inflammatory state, which is serious in itself, would be an important factor in inducing an intractable retroversion. The lacerations which are backward or forward are therefore those least likely to prove so serious as to come under the eye of the surgeon, and when they do so, they are exceptionally severe cases of their class.

The lateral lacerations are those which nature seems to work antagonistically toward, aggravating them and rendering them worse, just as she most assists in healing those rents which extend in the opposite direction. When the injury is double the effect is more serious than when it is confined to one side. It is easy to comprehend what an irritation is set up in the case of a double lateral laceration if the woman attempts an upright position before the parts are healed; and even when the raw surfaces are, to some extent, joined, a standing position allows the heavy uterus to tear them apart, and an erosion of the surfaces causes them to bleed readily. In the existence of the double lateral rent there is a tendency for the inner surfaces to roll down and out between the wounded lips. Where the rent has been so extensive as to cut its way to the vaginal junction or beyond if the patient assumes an upward position the everted inner uterine surfaces, pushing down, will cause the posterior lip to catch against the back vaginal wall, while the anterior lip is crowded forward and down the vagina, thus separating the flaps formed by the laceration; the heavy uterus also bears

downward at the same time forcing the flaps even further apart. A condition of this kind, it is readily seen, is necessarily the precursor of numberless dangerous diseases which may follow sooner or later.

The angle of laceration is the point from which an extensive erosion must start, and in the light of our present knowledge of this condition, we see how frequently the unavoidable appearance, after the condition just described, has been and is mistaken by the practitioner for a state of ulceration, or of epithelioma of the cervix. Of course no amount of treatment for ulceration could cure a state like this, and for want of a proper understanding of the true cause of these abnormal appearances the patient must continue to grow worse. Should one suffering from this state of affairs try to describe her condition, she would mention a continual back-ache, with profuse leucorrhœa, which comes from the cervix, a pain extending down the limbs, inability to stand without suffering, and, as a consequence of all this, a great nervous disturbance.

Sometimes the lesion is confined to one side, although it may be extensive and a complete laceration. In this condition it is quite as difficult to discover the injury, but the cervix is not so large in appearance as in case of a double laceration, and, as a matter of course, the rolling out of the inner tissues cannot be so extensive.

There is another form of cervical laceration which brings in its train all the bad effects the lesion can produce, but of which it is frequently hard to prove the existence. The rent seems to start from within and extend outwards and downwards, without reaching through the thickness of the cervix. It seems as if partial laceration started from the internal os and extended downward on different sides through the inner thick tissues, without penetrating through the vaginal surface of the crown of the cervix, forming seams and folds among the inside membranes. The cervix, during the existence of a lesion of this description, is apt to be a little larger in

diameter, and the walls are thinner than is natural, while there is a most profuse and sticky or tough discharge from the everted surfaces. As it is only during the past twenty years that this lesion has received attention, and during these years has been studied by very few among the medical profession, there is much either suspected or taken for granted concerning it, which will not bear the close scrutiny of a thorough investigation.

It has been attempted to arrive at certain facts about either the normal or abnormal condition of the uterine functions of women who are suffering from lacerated cervix, and it is found that these discovered facts or bodily conditions fit equally well those women who have never suffered from the injury. The fact that over thirty per cent. of the women who had been impregnated, and who had also suffered from some form of uterine disorder, were found also to have lacerated cervix, has been substantiated. This is a very large proportion, and may well give rise to the wonder that such a very frequent injury should have been almost ignored for so many years, for if the given per cent. of women now suffer from this injury, it is only a proper deduction to make that a like number have always similarly suffered. It is a natural thought that a rapid, forced labor is the circumstance to which we must look as the cause of a large number of these lacerations, and such may in the future be proved, but from the figures we have upon the subject we cannot deduce this fact at present. It is but just to say that whatever tables of statistics we have about lacerated cervix are made by a physician of our own country from his personal practice; but these figures give so little in the way of deciding the most important questions about the injury, that, except as they serve to show its effect upon the menstrual function, these tables decide but little about cervical lacerations for us. In cases of abortion where the parts are so quickly dilated as to cause a discharge of the contents of the uterus before the full time, it is natural to suppose that a lacerated cervix must be the certain consequence.

By referring carefully to the early history of women who have this injury, that is, their history as regards the period of menstruation being normal or otherwise, as regards regularity, pain, or quantity, it demonstrates that no existing condition in early life points toward a liability to this injury in the future. As regards station in life, no class of women is more liable to this accident than another. Perhaps the use of instruments in delivery is more frequent among the poorer classes than among the wealthy, and where forceps are permitted the per cent. of women who suffer the accident, is greatest. Where the lesion has taken place it is the rule that sterility is the result. The menstrual flow is interfered with in different ways and degrees where there is cervical laceration, and cellulitis is the most frequent complication in connection with, or as a consequence of its existence.

It requires great care in diagnosing this injury, and one is constantly taught much by experience. Where the lesion is known to exist, treatment is called for, because, even if at the present time, no active honor is being done apparently, the time will come when such condition is seen to be the foundation of the serious trouble which is its sure follower. Although the surfaces may to all appearances be healed, treatment is necessary if the uterus is still enlarged, or if the patient is suffering from a greater or less degree of pain about the seat of disease. Future observation has much to determine in regard to cervical lacerations; indeed it would seem that the many questions concerning its beginning, nature, course and ending, which are still entirely unanswered, are much more numerous than those questions which have already had a decisive reply. It is satisfactory to know that as regards the best mode of treatment for the lesion there is no doubt. In fact, those questions concerning whose answer the doubt still exists for want of proof, are those questions which more nearly relate to the prevention than the cure of the disease under discussion.

The operation of finally joining the flaps, which in being torn apart constitutes the injury, should not be undertaken until all soreness upon pressure is removed, and the uterus has been reduced by proper treatment to a lesser weight. While the uterus is of such great weight it will drag on the surrounding tissues resting upon the floor of the pelvis, and while in this condition can but keep up a great congestion among the cellular tissues as well as in itself. This congestion must be relieved, and the overcharged vessels must regain their normal tone and power to act. The great downward pressure must be removed by lifting the uterus from the pelvic floor and retaining it in the best position by a proper pessary. All suitable preparatory treatment will aid in restoring the impaired circulation through all the affected parts. If the condition of the surfaces is that of bleeding readily, and of being covered with granulations, then its peculiar phase must be met with its own especial needs. Where the mucous follicles have passed into a state of cystic degeneration, the cysts must be emptied by being punctured and treated with the proper remedies until this condition entirely disappears. The different modes of attaining the state which must be reached before an operation is safe in any degree, might be enlarged upon as to remedies used and under what circumstances they should be used, as to mechanical aids, how used, and when used; but cases differ so widely that special rules cannot be given unless in reference to special cases.

When an operation is to be performed there must be absolutely no feeling of soreness when the parts are touched, and the lacerated parts must have been reduced as far as possible to their normal size and appearance. To achieve this result must presuppose on the surgeon's part a very full yet nice understanding of the best mode and the best instruments of which to make use toward the accomplishment of his purpose. As to position during the operation, it is generally best to place the patient

upon the left side and use the speculum, which, by drawing back the perineum will bring the parts into view; it is possible in some cases to perform the operation with the patient lying upon the back by drawing the uterine down and replacing after the operation. The left side is preferable because there is less rolling out of the tissues, and it is also safer, since if the rent has been extensive enough to have caused cellulitis at the time of the injury it must of necessity have left a shortened broad ligament, which, in case of an operation upon the back, must alone bear the force of the traction, and will probably cause a fresh attack of cellulitis. In some cases the uterine tourniquet is a necessary instrument and prevents hæmorrhage, since, when in position, it surrounds and clasps closely the cervix at a point just below vaginal junction. Sometimes a hot water vaginal injection, if given in a large quantity just before the operation, will prevent too severe a hæmorrhage. In the case of a double laceration, the flaps being fully separated, they must be thoroughly denuded from the anterior lip to posterior lip, taking care to leave a good tract of skin in the centre, which is to form the new uterine canal. The shape of the portion which is left undenuded must be of similar shape on each side, and must grow wider from the internal os toward the edge of the divided portion of the cervix. When healed the canal will be of uniform diameter, and it is made wider at the outer edge, at the time of operation, to make allowance for the increased hypertrophy which exists at the outer edges of the flaps.

There are operations necessary in cases of laceration on one side only, in cases of bifid laceration, and in cases of stellate laceration of the cervix. When a surgeon once understands the lesion under discussion he can decide almost at a glance upon the proper course to follow in any individual case which may be brought to him. The minor points to be observed as fitting to special states and kinds of laceration might be almost endlessly

enlarged upon. The after-treatment of all cases is similar, and consists chiefly in confining the patient to rest in a horizontal position for at least fourteen days. The diet in quantity and in quality should be suitable for a person remaining in bed, and a catheter should be used. Particular points in regard to the treatment which should follow the operation are mentioned farther on in this article in connection with the full description of the mode of operating.

Should a lacerated perineum exist in connection with lacerated cervix, it should be operated on after the cure of the latter injury.

The idea has been advanced by an American physician, who has given much time and attention to investigating the injury, that a lacerated cervix is the true condition where a so-called elongated neck or hypertrophied cervix are said to exist; further, he holds that there can exist no occasion to amputate the cervix entirely or partially, except in case of malignant disease, because only a lacerated cervix can give rise to the described condition, and therefore an operation for that injury is alone called for. At all events it is a subject for fruitful and most interesting investigation, and it is almost impossible to speak of it at greater length than it deserves.

Investigation confirms the truth of a thought which seems to have gradually given itself freer expression during the last decade,—the thought that the very serious accident of cervical laceration was of much greater importance on account of its frequency, than its previous occasional recognition would imply.

Since so many deliveries are attended with a greater or less degree of laceration of the cervix, no patient should leave the care of the physician, until by a careful examination, it is ascertained that no such injury exists. If a slight laceration occurred at the time of labor it is likely to have healed itself by the time the patient can leave the bed; such spontaneous cure having been greatly facilitated by the proper use of warm water in-

jections. We have reports of serious cases of lacerated cervix, which declare the surprising efficacy of such a simple remedy as the warm water enema. Where the laceration is recent, that is, the parts not healed and still free from erosion, most gratifying results are obtained from the use of injections of a warm decoction of *Calendula*; using one drachm of *Calendula* flowers to one pint of hot water.

So many and serious are the evils which follow the accident of cervical laceration, that in order to prevent them, the introductory lesion should be diagnosed as early as possible. In fact, the abnormal condition and appearance of the cervix, when the original rent is still not healed and is also in a state of great irritation, is such as to mislead a physician regarding the true origin of the difficulty, and as to the true existing condition. Therefore, when the *Calendula* injections have been thoroughly tested for the cure of a recent laceration and have failed of the object, there is necessity for an operation as soon as the proper time has elapsed; which time must depend upon the strength and condition of the patient and other attending circumstances.

When engorgement has resulted, as it usually does, from the impeded circulation and the erosion of the mucous membrane, the uterus must undergo certain treatment preparatory to the operation. A pledget of absorbent cotton is to be medicated and placed against the cervix; the medicament is the glycerate of tannic acid, in the proportion of ten grains to one ounce. If anterversion or retroversion coexists with other abnormal conditions which are the results of a lacerated cervix, it is necessary to correct such displacement as much as may be by suitable treatment. Cotton pledgets can be introduced in such manner as to best aid in the replacement of the uterus; they are less irritating than other appliances for replacement, and they can be adjusted in varying positions at the will of the physician. They suit the exigencies of different cases, being of any size demanded and fitting themselves readily into position.

This preparatory treatment may require from two weeks to a month before the cervix is in suitable condition to operate upon ; of course the length of time devoted to preparing the parts, or rather in changing their diseased action, depends upon the degree of the mischief done and the patients susceptibility to the remedies.

#### MANNER OF OPERATION.

Following the description of the manner of operation, is appended a list of clinical cases sent to me by physicians for operations, and which were treated with the results specified.

The operation is performed with the patient lying upon her back or upon her left side ; if the physician decides upon the former position, Bozeman's speculum is to be used, and if he prefers the latter position then Sim's speculum is used. Previous to the operation the bowels should be evacuated and the bladder emptied.

The cicatrix is first removed, a very sharp knife being required for the delicate operation, which must be thoroughly done. The cicatricial tissue of the inferior portion must be first removed while it is still clean and free from the blood which will flow down from the dissection of the superior cicatrix. After removing, in one piece, all cicatricial tissue, then dissect up the mucous surface a short distance from the incision, in order that when the opposite faces are brought together the mucous tissue will the more readily glide over and accurately fit each other. The vagina is now to be thoroughly cleansed with free injections of hot water until hæmorrhage has ceased. A small-sized drainage tube placed within the cervical canal to prevent closure now brings the operation to where the sutures are introduced.

If there is but one rent three deep sutures of silver wire are used ; two at the sides, and one close to the os externum. Then the edges are closely, but perfectly and evenly approximated by the use of five sutures of the gut of the silk-worm. The parts are firmly held by the deep

sutures, while the gut sutures adapt the parts closely to each other; their thorough union being greatly assisted by the dissecting up of the mucous surfaces. The vagina is again syringed with hot water and the operation is completed.

The deep sutures can be removed after ten or twelve days and the gut sutures should remain two or three days longer. The sutures from the angle should be removed first—the sutures about the os externum last. A warm injection of the Calendula should be given daily as long as the sutures are in place. A pledget of tar is daily inserted for a week following the removal of the sutures.

This operation successfully performed is of the greatest benefit to the patient; if attended with non-success it must be owing to a want of perfect nicety, thoroughness and delicacy in removing the cicatrix or in the adjustment of the parts; if a failure attends the operation, an aggravated train of symptoms is sure to follow.

### *Cases of Laceration of Cervix Uteri.*

I. Mrs. S., age 21, no children; two miscarriages. History:—Laceration of left side; five wire sutures, three united toward vaginal angle. Applied tar nine weeks. Result:—cured.

II. Mrs. M., age 30, mother of three children; one miscarriage. History:—Labor of third child very difficult and lasted twenty hours; instruments used. Miscarriage at three months; laceration of left side. Three deep sutures and five gut sutures. Result:—cured.

III. Mrs. H., age 21, one child. History:—Labor with instruments; laceration of left side. Three deep sutures, four gut sutures. Result:—cured.

IV. Mrs. D., age 26, two children. History:—Last labor rapid; right and left sides lacerated. Five deep sutures and nine gut sutures. Result:—cured.

V. Mrs. F., age 30, four children; two miscarriages.

History :—Laceration of left side. Three deep sutures and five gut sutures. Result :—cured.

VI. Mrs. W., age 27, two children; three miscarriages. History :—First child was delivered with instruments, after a labor of thirty hours. Laceration of right and left side with rupture of perineum. Five deep sutures and ten gut sutures. Result :—cured.

Two months later operated on perineum, using three deep sutures and eight gut sutures. Result :—cured.

VII. Mrs. S., age 22, no children; two miscarriages at three and five months. History :—Left side lacerated. Three deep sutures and four gut sutures. Result :—cured.

VIII. Mrs. W., age 29, three children. History :—Last labor was rapid; right side lacerated. Three deep sutures and four gut sutures. Result :—cured.

IX. Mrs. S., age 32, four children; two miscarriages. History :—First labor was twenty-four hours and delivery with instruments. Labor very rapid with fourth child. Laceration of right and left sides. Five deep sutures and nine gut sutures. Result :—cured.

X. Mrs. B., age 22, two children and one miscarriage. History :—First child labor thirty hours; labor with second child, rapid; laceration of right side and rupture of perineum. Three deep sutures and four gut sutures. Result :—cured.

Six weeks later operated on perineum using two deep sutures and five gut sutures. Result :—cured.

XI. Mrs. V., age 23, no children and two miscarriages. History :—Laceration of left side. Three deep sutures and four gut sutures. Result :—cured.

XII. Mrs. T., age 28, four children. History :—Birth of second child, rapid; laceration of left and right sides. Six deep sutures and nine gut sutures. Result :—cured.

XIII. Mrs. P., age 26, three children and two miscarriages. History :—Right side lacerated. Three deep sutures and four gut sutures. Result :—cured.

# Translations European Journals.

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PROF. S. LILIENTHAL, M. D., NEW YORK, EDITOR.

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## TREATMENT OF CYSTIC TUMORS.

BY DR. E. SCHILLING.

Cystic tumors are usually extirpated with the knife, but we meet sometimes cysts with serous contents where the thinness of the wall, the firm adhesion to the surrounding connective tissue and the considerable hæmorrhage offers great difficulties, so that some surgeons prefer subcutaneous injections of a solution of Antim. tart., into the cyst, which frequently causes considerable inflammation and suppuration, without being followed by satisfactory results. Schilling prefers to make an incision of several lines in length into the cyst, then presses out the grumous contents and injects into the empty cavity of the cyst several drops of a concentrated solution of Chloride of Zinc (1 : 5 aqua). The re-action is less and success more sure, for after five or six days the macerated and detached wall can be easily pressed out in its entirety and after healing leaves hardly a scar.—*All. Med. Centr. Zeit.* 103, 1880.

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## FEBRIS RECURRENS.

BY DR. E. WAGNER, LEIPZIG.

Wagner treated about 140 cases in the hospital and describes therefrom the symptomatology. The disease sets in *suddenly* with a shaking chill. The fever is mostly considerable, the epigastrium sensitive to touch, liver and spleen swollen, the *muscles sensitive to pressure*, especially those of the calf of the leg. Sensorium nearly always free, color of the face notwithstanding the high fever, sallow (in contradistinction to pneumonia, typhus, etc) Urine concentrated, sometimes slightly albuminous, its quantity diminished. Thus a week passes, temperature

slightly remitting, shortly before the decline of the fever somewhat increased. The fever declines rapidly from 41, 42° C. to below normal. Copious perspiration appears, so that the weight of the patient sometimes falls 2 to 9 pounds in 24 hours. Appetite returns and reconvalescence is so rapid that patient gets up after a few days; this first febrile attack, lasting about 7 days, is succeeded after 5 to 10 days by a second one with the same manifestations, and leading again to reconvalescence after a pseudocrisis. After 5 or 10 or 15 days a third febrile attack may set in, in some cases even followed by a fourth or fifth one.

As complications may be mentioned; bronchitis, lobular, catarrhal pneumonia, pleuritis, rarely laryngitis. In relation to the digestive tract; constipation, rarely diarrhoea; in some cases symptoms hinting to cholera, intestinal mycosis, dysentery. In about ten cases there were mucous stools with or without blood, but no tenesmus, the stool frequently lumpy, containing cylinder epithelia, mucous corpuscles, etc. Vomiting is not rare; parotitis seldom; liver mostly enlarged, once and a while jaundice, probably of homogenous nature, as the stools remained colored. The spleen swollen and at an earlier stage than e. g. in abdominal typhus. Acute hæmorrhagic Brightian kidney was sometimes found. Severe cerebral symptoms were rare. In potators or marastic patients found rather severe deliria. Otitis media, keratitis, iritis, choroiditis rare. Epistaxis during the decrease of fever necessitated the tamponade. The examination of the blood revealed spirillae, which are probably most numerous during the post febrile paroxysm. The quantity of spirillæ found in the blood is not always in proportion to the severity of the fever. The white blood-corpuscles are increased; Therapeutics: early stimulation and nourishing diet; cold baths and the usual anti-febrile treatment (Quinine, Salicylic Acid) failed entirely to give relief.

## ON REFLECTORY NEUROSIS OF THE VAGUS.

BY DR. PREISENDORFER.

Many cardiac neuroses are thrown together under the name angina pectoris. One of these forms is based on the regulatory cardiac nerves emanating from the vagus and which Eulenberg denominates, regulatory stenocardia, appearing mostly as a state of paroxysmal irritation with retardation of the pulse, more rarely appearing as a paroxysmal paresis with considerable increase of the frequency of the pulse; such palpitations are based on a decrease of the normal tonus of the vagus, especially, as direct stimulation of the vagus (compression of the neck) restores the tonus and stops the palpitation. Often dietary mistakes are the whole cause of such an angina pectoris, inasmuch as a careful diet kept the paroxysms away.—*Med. Centr. Bl. Jan.* 1881.

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MENTAL AND SPINAL AFFECTIONS AFTER  
TRAUMATISM AND INFLAMMATION  
IN THE GENITAL SPHERE.

Lossen and Furstner, professors in Heidelberg, report the following case. A woman 47 years old, robust and of strong constitution, consulted Lossen on account of an abdominal tumor, which incommoded her on account of its size, though painless and without bleeding. He diagnosed it a colloid cyst of the ovary, and extirpated it Nov. 26, 1879, with perfect success under antiseptic treatment. Temperature remained normal to the third day, when it rose to 38. 4., pulse 90. That day when removing the bandages, some fetid pus oozed from the pedicle, and it was cleansed therefore with a 5 per cent. solution of carbolic acid. On the fifth day from some emotional disturbance she showed some disorder in her ideas, and when admonished by her attendants to keep quiet, she merely laughed at them. December 4th a furious delirium set in, so that she had to be kept by

force in her bed. T. 38, 3. P. 120. Neither an elevation of the temperature, nor the state of the wound could explain these cerebral symptoms. Diuresis had been satisfactory so there could be no danger from uraemic poison, and as she had not taken any alcoholic stimulants, delirium tremens was out of the question. We thought on paroxysm of acute mania and this was in reality the opinion of Professor Furstner, a competent authority in psychiatry. The following days were marked by new paroxysms of mania, characterized by hallucinations of sight and of hearing. Chloral, administered by mouth and subcutaneously, calmed her at first but soon lost its efficacy. On the other side the abdominal wall healed beautifully, T. 37, 5. to 38, 9., P. 95 to 110. The cicatrix of the wound was now so firm that she could be transferred without danger to the insane ward under the direction of Professor Furstner. Her maniacal fits kept on till Jan. 13, 1880, when she became calm and answered correctly all questions. She only remembers indistinctly all what has happened since the operation. She returned cured to her family February 11th. Heredity could be excluded, but she had chorea in her youth, though never any psychical symptoms. Furstner remarks that in most cases operations on the genital organs act favorably on existing nervous and mental affections, and the contrary had hardly ever been observed. Most probably it was the suppression of the menstrual discharge after such a severe operation, which caused the mental alienation.

Prof. Tilloux reports these two cases where menstruation and the function of the genital organs remained undisturbed both ovaries after extirpation, in neither case followed by any mental alienation, but in another case ovariectomy was followed by insanity which after several years remains uncured.

Miss F., 25 years old, of strong constitution, carried for a long time a tumor in the left side of her abdomen. As it inconvenienced her greatly, she insisted on its removal, and the extirpation of the cyst was perfectly

successful. A threatening peritonitis was removed by opium and ice, and we could only complain of the constantly excited state of the patient. Three weeks after the operation this took on the character of erotomania, during which she considered herself engaged to a young officer. Though her courses became normal, the insanity is to-day the same, though eight years have passed since that operation was performed. There can be no doubt that traumatism is the cause of the mental affection, showing the close connection between the cerebro-spinal system and operations and inflammation of the pelvic organs, as the following two cases, given in abstract, still more show. A young delicate woman suffered from an ovarian cyst and was operated upon by an eminent surgeon, the wound healed kindly, but after a few months the first symptoms of progressive muscular atrophy set in to which she succumbed after two years. A woman of 35 suffered for several months from a suppurating pelvi-peritonitis the abscess discharging through the rectum. This was also followed by muscular atrophy attacking consecutively the hands, forearms, feet and legs.—*L'Art Medicale*, Dec. 1880.

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### TREATMENT OF PSORIASIS WITH BATHS OF CORROSIVE MERCURY.

To each bath a solution of hydr. mur. cor. 4, 0 and Ammon. mur. 8, 0 is added. The temperature is 27-29° and the patient remains in the bath  $\frac{1}{2}$  to  $\frac{3}{4}$  hours. Disagreeable accidents of the action of mercury, as salivation, etc., were not observed. From 32 to 48 baths were necessary for a cure, although relapses follow after such daily baths. The treatment is recommended on account of its cleanliness, and that it allows the patient to follow his usual occupation.—*St. Pet. Med. Wochschr.*, 44, 1880.

# Otology and Ophthalmology.

H. C. HOUGHTON, M. D., AND GEO. S. NORTON, M. D., NEW YORK, EDITORS.

## ACUTE CATARRHAL INFLAMMATION OF THE MIDDLE EAR.

In adopting a nomenclature of diseases of the ear, I select that of Prof. Roosa, as it classifies all the diseases to which this organ is incident in a comprehensive and clear manner.

His classification is as follows:

- I. Acute catarrhal inflammation.
- II. Sub-acute catarrhal inflammation.
- III. Chronic non-suppurative inflammation, divided into catarrhal and proliferous. I suggest catarrhal and post catarrhal.
- IV. Acute suppurative inflammation.
- V. Chronic suppurative inflammation.
- VI. Consequences of chronic suppuration. 1, Polypi. 2, Exostoses. 3, Mastoid diseases. 4, Caries and necrosis. 5, Cerebral abscess. 6, Pyæmia. 7, Paralysis.

### INTRODUCTORY REMARKS.

This classification is similar to that of Burnett, who uses the term purulent instead of suppurative, as used by Roosa. I wish you to be particularly careful in your written and spoken terms. Avoid the mixed and contradictory terms used by English and German writers. If it be true that language is necessary to thought, then we may expect mixed and erroneous ideas when students use such terms as purulent aural catarrh. If mucous membrane secretes pus, let us use the term purulent catarrh; if serous membrane throws out mucus, let us say serous catarrh; but if the secretion from mucous membrane be mucus mingled with modified epithelial cells and occasional white cells from the blood, let us call diseases characterized by such secretion, catarrhal; and when diseases pass to more grave forms and the secretion becomes pus, we may properly use the terms purulent, or suppurative. That the dividing line can always be drawn at the

instant will not be claimed, but the recognition of the distinction will help to free our text books from such an arrangement as the following "synoptical arrangement:" "First, simple aural catarrh, or catarrhal inflammation of the mucous membrane of the cavitas tympani, membrana tympani. Eustachian tube and mastoid cells. This form of catarrh may be divided into acute and chronic." "Second, purulent-aural catarrh, or otitis, also acute and chronic." "Third, otorrhea, aural polypi, &c., or the results of purulent aural catarrh."\*

Schwartz's admirable treatise is open to the same objection when he uses the terms (1) serous catarrh, (2) mucous catarrh, (3) purulent catarrh, and says, "The division into catarrhal and purulent otitis media, favored by the older authors and still very commonly used, is not defensible because the first variety can pass into the second and no distinct boundary exists between the two." Surely his own terms, just given, are open to more serious objections, on purely pathological considerations. Accepted divisions and subdivisions are often made, and properly made, because of limitations which can only be definitely settled by post mortem examinations.

#### I. ACUTE CATARRHAL INFLAMMATION OF THE MIDDLE EAR.

*Etiology.* A consideration of the causes of this disease takes us over the the general class of causes of any and all catarrhal diseases. "Catarrh consists in engorgement of the blood vessels of any mucous membrane, accompanied by abnormal secretion, swelling, succulence of its tissues, and copious generation of young cells. We find that liability to catarrh varies greatly among persons exposed to the same exciting cause; that in one this mucous surface, in another that, is always the favorite point of attack. Special predisposition, in some cases, seems to coexist with a thin epidermis and a strong tendency to perspire; for those who sweat readily are the more apt to be suddenly chilled by the rapid evaporation of their perspiration. Badly nourished, cachectic persons too, who are less capable of resisting the action of hurtful agents, are, on the whole, more prone to catarrh than full blooded and robust individuals. In other instances there is no cl w whatever to the cause of an intense predisposition to this affection. Effeminate habits seem to aggravate it, at all events, we see that country people, shepherds and others, who live continually exposed to changes of temperature and to stress of weather, are less

\*Lectures on Aural Catarrh—Peter Allen, M.D., page 101.

76 ACUTE CATARRHAL INFLAMMATION OF MIDDLE EAR. [Feb. frequently thus affected than persons of sedentary habits, and those who are but rarely subjected to such exposure.”

“Chilling of the skin, particularly that of the neck and feet will give rise to this disease. We are constantly seeing some one who, having left off his neck-cloth or woollen stockings, suffers next day from catarrh. Difficult as it may be to give a physiological explanation of the occurrence, a genetic connection between the two events is not to be denied.”

“Catarrh not unfrequently spreads from neighboring organs to the (tympanal) mucous membranes. We often see it extend thus from the nose without the supervention of any new irritant. The pharynx is sometimes the point of origin. This is especially the case in the form of the malady induced by the abuse of spirituous liquors, which have a direct action upon the pharyngeal mucous membranes. Habitual toppers almost always have catarrh of the pharynx, in which the (tympanal) mucous membrane takes part.”

“Catarrh is a common symptom of constitutional disease resulting from infection or contagion. Among the acute affections, measles and exanthematic typhus; among the chronic, syphilitic disorders are the maladies especially prone thus to localize themselves upon the mucous membrane.”

“Grippe or influenza in its onset, in its extent, and in the severe constitutional disturbance which accompanies it, bears great resemblance to the acute exanthemata. In influenza, catarrh must be regarded as a constitutional if not an infectious disorder.”\*

\* Niemeyer's Text Book of Practical Medicine, vol. 1, page 2.

The foregoing remarks of Niemeyer upon catarrh of the larynx apply equally well to immediate and remote causes of catarrh of the tympanum and show that an earache need not more a nine days wonder than a cough or croup.

The practice of applying water to the head, while dressing the hair, or allowing boys to “duck the head,” will provoke and perpetuate a catarrh in spite of all treatment. The same is true with limitations of surf bathing.

The use of the nasal douch has undoubtedly added many to the number of patients suffering from this disease.\*

Exposure to cold winds may cause middle ear disease, having for its early symptoms sensitiveness in the external meatus, injection

\* Roosa—Archives of Ophthalmology and Otology, vol. 1, No. 1.

of memb. tymp., etc., but in all such cases coming under my notice there was undoubted catarrhal disease of the naso-pharynx, as a remote cause.

That a carious condition of the teeth has an influence upon the nutrition of the mucous membrane, is very clear to my mind. *Otalgia neuralgica* is the more frequent condition in adults, but I long ago associated the process of dentition with middle ear disease; and later experiences convince me that many cases of so called-hydrocephalus—have been exudative lesions set up by extension of middle ear disease, which was itself induced by peripheral irritation of the trifacial, either from carious teeth or by dense tissue preventing the exit of advancing teeth.

A recent writer, in speaking of earache vs. toothache says, "Now the point I wish to emphasize is this: the pain thus experienced is not what we vaguely call neuralgia, it is a definite trophic change, an inflammation taking place in the deeper-seated tissues of the ear, beginning with congestion and stretching of an acutely sensitive region passing on to exudation and suppuration, and capable of being recognized if the proper means are used for doing this. If the case be seen early all these symptoms are at once removed by a free incision of the swollen gums. But it often happens that those trophic changes just alluded to, have set in before the practitioner is called upon to see his patient. The gums are however, duly lanced and very properly so, because reflex irritation, a term I shall presently more fully explain, is thereby lessened. But to the disappointment of practitioner and parents, the little patient is not cured. Then commences the orthodox rôle of treatment, cold to the head, hot baths, mustard plasters, and perhaps a calomel purge followed by enemata. Still the patient gets worse, convulsions set in and the child dies. Meanwhile the organ really affected, the ear, has perhaps not been thought of as a factor in the case, while the inflammatory processes taking place in it have extended to the brain or its membranes; an occurrence for which every facility is arranged by the intimate communications which in the infant especially, exist for such an issue. So it may happen that suddenly the symptoms abate and the child is well; a little discharge takes place from the ear, which is perhaps unnoticed; or the friends say an abscess has broken in the child's head during the night, and, probably no more

is thought of the matter. Perhaps the practitioner does not believe in "abscesses in the head," and ignores it altogether. Should the discharge continue and his attention be called to it, he is careful to inform the friends of the danger attendant upon checking such a useful derivation; at any rate, the disease is let alone. Meanwhile, the middle ear of the patient is undergoing suppurative inflammation; its delicate textures are breaking down, and soon irreparable mischief has been accomplished. Happy is it for the child if one ear at least have escaped, which fortunately it often does. Otherwise, the child will be deaf, and as a consequence, dumb also. This is no fancy portrait evolved out of the inner consciousness of the writer. It is one that I have often seen, and those who are accustomed to aural out patient work will support me in the statement that the condition I have sketched, one of advanced disorganization of the middle ear in children, for which no cause can be assigned, furnishes a large proportion of the cases of deafness that come before us for treatment in that department. "but a child has by no means escaped ear trouble arising from the teeth, if it have safely passed over the period of their evolution. Professor Bohe, of Pesth has distinctly traced external otitis in children to the presence of a carious tooth, and even in later life a decaying tooth will indicate its presence by prolonged earache and even will establish an otorrhea. Mr. Hilton records such a case in his classical work on "Rest and Pain," and the recognition of such cases will doubtless be more frequent when the possibility of the association referred to is more generally recognized. I give Mr. Hilton's example, as it is typical: "A professional friend" he tells us, "had an enlarged gland below the external ear. The real cause of this was not quite apparent, and so he requested me to look at it. There was a slight discharge of morbid secretion in the auditory canal. We argued the case together. I said: 'very likely it may be the result of a decayed tooth. Irritation from it may be conveyed to the auditory canal, and induce the morbid secretion; that morbid secretion may produce slight excoriation, and that excoriation, aided by lymphatic absorption, may explain the existence of the enlarged gland.' The tooth was extracted, all the other local morbid conditions disappeared and there was no recurrence of the local symptoms."\*

\* Edw. Woakes, M.D.,—Deafness, giddiness and noises in the ears. London, 1879

I do not quote this to endorse the treatment as much as to supplement my own views. Under the head of treatment, I shall recur to it, and you will see that the physiological action of a well known plant is another factor in the argument—i. e., *Plantago*.

*Symptoms and course.* The symptoms of acute catarrhal inflammation may be divided into two classes, subjective and objective.

*Subjective Symptoms.*—Fullness, pain, tinnitus aurium, usually in the order named. The sensation of fullness often noticed in sub-acute or chronic catarrh, and referred to the external meatus by patients who insist that something is obstructing that part of the ear, is due to closure of the Eustachian tube, and consequent rarefaction of the air of the tympanum. This condition is often a forerunner of acute inflammation.

*Pain.*—The pain of acute catarrhal inflammation is of a neuralgic type, shooting, tearing along, not persistent at the outset; coming on in the late afternoon, continuing all night, ceasing during the day only to delude the patient into a hope that the trouble has ended. In this and the fact that the pain is one that can be tolerated, we find a marked difference when contrasted with acute suppurative inflammation. Any action of the muscles of the pharynx, empty deglutition, sneezing, coughing or eructation increase the pain, this is specially true of the last named act. In children and sometimes in adults, the intense shooting pain is the very first intimation of the disease, but most acute observers have some other precursory symptoms.

*Tinnitus Aurium.*—The subjective sounds which arise in the early stage of this disease are those which Woakes terms “tidal,” simulated by placing a shell to the ear, so that the stored up murmurs of the flowing tide are brought out. I presume that is the idea. The sounds are high pitched tones and are very annoying; they are due to the congestion of the mucous membrane of the tympanum, which readily extends to the internal ear by way of the fenestra rotundum. Associated with these sounds may be those of another class due to tenacious mucus in the Eustachian tube or tympanum; these resemble the bursting of bubbles, a gurgling as of fluids. As the disease advances and verges upon suppuration the sounds become pulsating, due to the fact that the impact of the arterial current is conveyed by the engorged and infiltrated tissues of the middle ear to

the auditory nerves. As regards the theories of the causation of sounds, we will recur to that matter when considering diseases of the internal ear.

*Objective Symptoms.*—These are injection of the membrana tympani, bulging of the membrana tympani, catarrh of the nasopharynx, and Eustachian tube, and hardness of hearing.

*Injection of the Membrana Tympani.*—If one chances to see the patient at the very inception of acute inflammation, and has the opportunity to watch the progress of the disease, he will notice but little change in the lustre of the membrane, the cone of light may fade or become lost entirely, but the region about the membrana flaccida and along the manubrium shows the most marked change; here the vascular injection is most marked, and extends in some cases the entire periphery. In patients who have suffered from repeated attacks of acute catarrh the membrane is thick and the injection is confined to the upper parts, but in one affected for the first time, the smaller vessels may be traced, singly, or giving a delicate blush to the entire surface; as the disease progresses and approaches the suppurative form, an exudation takes place. “A serous and cellular infiltration of the layer of loose connective tissue beneath the epithelium, numerous cells like lymph corpuscles being deposited between the fibres.”\* Now the ramification of vessels can be no longer traced and we are upon the debatable ground bordering upon suppuration.

*Bulging of the Membrana Tympani.*—As already intimated, in speaking of the sense of fulness as a symptom of acute catarrh, the closure of the eustachian tube and the rarification of the contained air of the tympanum cause a retraction of the membrana tympani and this may continue until hypersecretion of mucus in the cavity overcomes the inward pressure and the membrane bulges outward; this bulging being usually in the posterior inferior gradient, or in Sharpnell's membrane. Roosa mentions two cases in which the membrana tympani was seen to pulsate synchronously with the heart's action.† This excessive pressure is exceptional in the purely

† Roosa's Treatise, page 242.

catarrhal form, as is also spontaneous rupture of the membrane from the pressure of the accumulation within the tympanum.

\* Schwartz's Pathology of the Ear, page 97.

*Catarrh of the Naso-Pharynx.*—It is, almost without exception, true that an acute catarrh of the middle ear is the simple extension of a morbid process from the pharynx by way of the Eustachian tube to the tympanum. An inspection of the walls and pharynx will reveal a thickened mucous membrane reducing the nasal passages to minimum calibre; the post wall of the pharynx covered with elevations characteristic of pharyngitis granulosa and the rhinoscopic spaces more or less occluded by adenoid growths, the “pharyngeal tonsil,” with these conditions we shall have to deal when considering chronic catarrhal inflammation.

*Hardness of Hearing.*—This symptom is not noticed early in the attack. On the contrary, the hearing may be very acute—painfully so; but as the mucous membrane swells and the secretion of tenacious mucus accumulates, the movements of the ossicula are impeded, so that sound waves are not conveyed to the labyrinth. The nerves of general sensation are also directly or secondarily involved, and patients complain of a benumbed condition of the whole affected side.

*Course.*—The tendency is, right on, to the more painful and destructive form of suppurative inflammation. It may resolve and leave no trace of inflammatory action. Repeated attacks cause thickening of the membrane, and develop the chronic form of catarrhal inflammation. Burnett\* refers to Hinton’s statements concerning accumulations of mucus in the tympanum. The latter authority writes thus: “It has appeared to me, indeed, that the presence of an excess of secretion in the tympanum has kept up the irritation in the throat and prevented it from subsiding, as if there were a nervous sympathy between them. But supposing treatment to have been apparently successful, little doubt can remain that if the secretion has been profuse and viscid, it will not have been entirely absorbed, nor probably have completely escaped by the tube, so that there will still remain a certain residuum of the more solid portions, which may lay a basis for permanent deafness in the future.”†

*Anatomical Appearances.*—“The cavity is partially or wholly filled with thick adhesive mucus mingled with a few cell elements, epithelium, mucous or pus corpuscles, red blood corpuscles,

\* Burnett’s Treatise, Page 371.

† Questions of Aural Surgery, page 139.

nucleated cells and collections of nuclei, not unfrequently in the dead body crystals, triple-phosphate and others are found."

"The consistence of the mucus may be such as to require a regular dissection with forceps and knife in order to free the walls and the ossicles. It may be either transparent or opaque. If the whole cavity is not filled, the mucous adheres by preference to the floor and to the niches of the labyrinthine fenestræ, to the roof of the cavity on and above the hammer anvil articulation and on to the inner surface of the membrana tympani. In the latter case the curved boundary lines of the exudation may be visible externally through the drum membrane.†

*Diagnosis.*—In the adult the disease which most simulates acute catarrh of the middle is chronic catarrh complicated with otalgia neuralgica. In this case we have most of the symptoms of the former disease, both objective and subjective; there is lacking the vascular injection, and usually the great impairment of hearing. If the hearing be nearly normal and the drum head free from congestion, it will be well for you to look to the condition of the patient's teeth. Have on your list of instruments a dental explorer, examine any suspicious spots on the crown or protruding surfaces of the teeth and you may be helped to a clear diagnosis. In ————— 187— Dr. S. brought to me Mrs. M. saying that she was on the verge of acute inflammation of the middle ear; that the severe neuralgic pains had not yielded to remedies and he feared suppuration. On testing with watch movements, she heard R. and L. 20–20. The drum head was free from all signs of hyperæmia and fairly clear from general opacity. Asking to see the lady's teeth the dental explorer dropped into a small cavity in the crown of a molar tooth, demonstrating by the extra sensitiveness that she needed a dentist's care rather than an aurist's.

In young children and infants we must often depend on an interpretation of their cries and motions. The cry caused by the earache may be mistaken for that of colic, but in colic I observe more motion of the feet and legs, tenderness of the abdomen and the child takes the milk for relief, or suffers from eating. In earache any motion of the head or traction on the auricle increases the pain. In cerebral lesion the peculiar indescribable "faraway look" is in

† Schwartz' Pathology of the Ear, page 98.

contrast to the variable pupil of the ear patient, beside this, the cry is different, the hydrocephalic cry once heard is never forgotten. The pain of acute catarrh is usually much aggravated at night and upon lying down; this is a contrast to pain caused by colic, etc. If it is possible to examine the membrana tympani, it will be found in the early stages without change of color or form in the later stages congested and bulging.

*Prognosis.*—The prognosis under intelligent treatment is favorable, but if neglected suppuration is the probable result; if this does not occur, the patient is likely to suffer from repeated attacks of a similar nature, and this thickening of the membrana tympani with plastic processes in the tympanum, will peril the hearing in a future not far distant.

*Treatment.*—The indications are to use such means as will reduce the active inflammation of the mucous membrane of the middle ear; and, in my judgement, you are not warranted in depending solely upon internal remedies when the value of instrumental interference has been so often and so clearly demonstrated. Inflation of the cavity of the tympanum will relieve some cases at once and permanently, in the early stages. Three methods are available, the Eustachian catheter, Politzer's method and Valsalva's method. That all of these have been abused must be admitted, but the same is true of all agents for good. In acute inflammations I much prefer Politzer's method; the irritation of the mucous membrane of the walls and upper pharynx is avoided, and it is a feasible method for young and old. In little children one can force a passage of air through the Eustachian tube without their aid, by suddenly employing the air bag when the child's mouth is closed.

Gruber\* has suggested that the patient be directed to pronounce the words kick, hack, hock, etc., prolonging the tone to bring the muscles into the same position as in deglutition. A writer in the *Medical Record* has given a farther helpful hint; the patient is directed to blow through the lips as in whistling; then while the air is passing the air is forced through the nose as usual. I find this a simple and effective method. The effect of inflation is to dissipate the mucus by driving portions over into the mastoid cells or by a

\* *Monatsschif für Ohren heil kunde*, 1875.

return of the excess of air; portions of mucus are brought with it to the pharynx.

*Paracentesis.*—Paracentesis is more likely to be an imperative measure in acute suppuration than in this form of middle ear disease. In cases where the bulging is extreme and pain severe, simple puncture of the membrane will often relieve the pain in a very short time. The pain of the operation is slight, and the fact that the membrane heals very promptly renders it a safer procedure than taking the risk of spontaneous perforation. Hinton\* writes very fully on incision of the membrane as the best method of removing mucus accumulations in the tympanum both acute and chronic. He makes the incision parallel and posterior to the handle of the malleus between it and the long process of the malleus and from about the lower third of the membrane completely to the superior border and considers the incision so free from danger than any just ground for believing that collected secretion is the cause of the symptoms fully justifies the attempt to give relief by means of it. He uses in conjunction with the incision alkaline injections into the tympanum, and is of the opinion that in the cases impugned by this proceeding the pain was due to the softening of dried mucus. Politzer's method is used immediately after the incision to force into the external meatus masses of softened mucus. In one instance he drew out a string of viscid mucus which extended from the tympanum an inch beyond the meatus. The operation should be repeated only on accession of urgent symptoms.

Irrigation is commended by many aurists but I am inclined to use water in a somewhat different manner. A constant stream of water as advised by Roosa, Burnett and others, has the objection urged against it of liability to erode and break down the tissues. Vapor of water can be readily applied by inverting a funnel in a small tin dish containing water heated by a lamp or gas jet; attach rubber tubing to the end of the funnel and a stream of vapor can be directed to the meatus from the tubing. It answers all the purposes of the water and is more agreeable to the patient. Hot water containing Aconite dropped into the ear from a small sponge drop by drop gives magical relief. The Aconite may be added to the water used to produce the stream just mentioned. The pharynx should be

\* Questions of Aural Surgery, Chapter 7.

gargled with a solution of chlorate of potash. The very best results being from a strong solution used as hot as can be tolerated in the mouth. Dry heat applied to the back of the neck and throat help to allay the inflammation as also do the hot foot baths. As soon as active inflammation has subsided the tympanum should be inflated as the presence of the normal amount of air in the cavity guards against relapse.

As regards the local use of anodynes I commend the use of Aconite, Belladonna, or Plantago the fluid extract, added to hot water and instilled occasionally to mitigate the agonizing pains; not forgetting that the internal remedy must be carefully selected to combat the disease. Dr. Theobald commends the use of Atropine instilling a few drops of a solution of the Sulphate, four grains to the ounce of water, and cites a case in his own family in which prompt relief followed.\* If any one is a stickler for purely internal medication I am sure from observation that an acute inflammation of the middle ear in his own person will be more potent to convert to local medication, than argument will be.

#### MEDICINAL TREATMENT.

The following are the remedies most frequently indicated:

*Aconite*, great anxiety, fear of approaching death, restless, agonized tossing, over sensitive to light noise or touch, chilly if uncovered, dry heat with thirst; face red and hot; fauces dark red; burning pricking pain in the pharynx and Eustachian tube, worse by swallowing. External ear hot, swollen, red and sensitive. Tearing pains in the ear, with extreme sensitiveness to noise.

*Belladonna*.—Inclines to quiet throbbing headache, better by pressure and quiet. Head sensitive to contact. Mouth dry but not thirsty as Aconite. Constant desire to swallow to relieve choking sensation. Throat feels narrow, throat looks red and shiny, feels raw and sore. Tearing, shooting pains in ear. Alternating chilliness and heat. Membrana tympani congested but not necessarily infiltrated and bulging.

*Chamomilla*.—Children. Peevish, constant fretting, child cries; quiet only when carried. Face, redness and heat of one cheek the other pale. Earache with toothache, the latter relieved by holding cold water in the mouth. Pain in ear is paroxysmal, causing sudden

\* American Journal of Otology, July, 1879.

screams. Child sleeps with eyes partly closed, starts up screaming. Perspiration on the head during sleep of a sour smell. Specially indicated in children with light hair and of sensitive organization.

*Dulcamara*.—Specially valuable as a prophylactic in children who have earache on slightest exposure or wetting the feet.

*Gelsemium*.—Indicated in a depressed condition. Patient chilly with absence of thirst. Head tense and sore, the heart's impulse felt in the head. Rushing sound in the ears, throat dry and sore. Pain running from pharynx to middle ear. Swallowing causes shooting into the ear. Sleepless or half awake, languid, drowsy or incoherent talking when half awake. No disposition to move. Compared with Aconite the patient is apathetic. All conditions less intense. Compared with Belladonna conditions more uniform no sudden transition. M. T. congested. (not bulging like Belladonna.

*Hepar s. v.*—Sensitive to touch and external conditions. Throat red, swollen and dry. Later excess of mucus in pharynx and larynx with rattling. Stitches in the throat extending to the ear; worse when swallowing food; thirsty yet sensitive to cold water, sleepiness during the day and anxious startings when falling asleep. Chilliness in open air or exposure to draft of air in room. Wrap up head and ear. Valuable when the membrana tympani has passed beyond simple hyperæmia or congestion, is infiltrated swollen and bulging. (See Mercurius).

*Mercurius*.—Either vivus or solubulis. I notice no difference in their action. Anxiety, restless, apprehensive, tearing pains in the head, sour smelling perspiration on the head, scalp sore. Soreness below and in front of auricle, pain on drawing the auricle, as in diffused external inflammation. Excess of saliva in mouth and pharynx, yet the fauces feel dry and burning. Hunger without relish. Thirst for cold drinks. Feels worse generally after eating or drinking. Sleepy during day but sleepless at night. Chilly especially in the evening and night, not relieved by extensive heat. Pains increased at night and in the warm bed, yet there is aversion to uncovering. Profuse perspiration which does not relieve the pains. Mercurius like Sulphur is more usually indicated in the later stages when resolution is not relieved by Aconite, Belladonna, Gels. or Puls. The tissues are infiltrated, soft, and the disease verges into suppuration. Merc. has

soreness. Hep. sensitiveness, Merc. no relief by warmth and wrapping. Hep. has relief by these proceedings. Merc. patient bears manipulation better than Hepar subject, who will not tolerate cleansing of meatus and drum head. Both have marked aggravation at night, but Mercurius has more decided alleviation during the day.

*Plantago majora*.—Specially valuable in otalgia neuralgica and in the early stages of otitis induced by carious teeth. We are indebted mainly to Dr. F. Humphreys, of this city, for the full proving of this valuable drug. Its action on the trifacial nerve is very marked and is in the exact line of Dr. Woakes' remarks on otalgia and otitis caused by difficult dentition. The shooting pains in the superior and inferior maxillary bones are associated with similar ones in the ears. The pains in the teeth are excessive, burning digging pains, with profuse flow of saliva; pains aggravated by cold air and contact, also by high degree of heat; the teeth feel elongated and sore. I have found *Plantago* valuable as a local application; plugging the crown of carious teeth with cotton saturated with tincture. This relieves the pain in both tooth and ear until the dentist's work is complete.

*Pulsatilla*.—Mild, gentle, tearful, changeable. Headache better in open air. Beating, jerking, lacerating pains. Throat raw and sore, venous congestion. Rarely thirsty. Paroxysmal earache at night, relief during the day in the open air. Mem. tym. infiltrated in later stages less sensitive than Hepar, less sore than Merc. Like *Chamomilla* it is indicated in children rather than adults, and in women on account of catarrhal disease following menstrual derangements.

*Tellurium*.—This remedy is indicated when the case is upon the border land between the mucous stage and suppuration. Pain dull and throbbing day and night. Throat dry and sore, better by eating and drinking. The memb. tym. presents first a vesicular eruption, then large bleb-like elevation; these break and ulcers appear, later perforation; the discharge is watery, excoriating, causing vesicles where it flows and has a smell like fish pickle. The late Carroll Dunham, M.D., was an heroic prover of this drug, and an examination which I made after the proving, showed the memb. tym. to be irregular, thickened in parts, thin in other portions, the result of perforation and cicatrization.

*Terebinthina*.—Cooper\* advises Turpentine in otalgia consequent on dentition, the indications being “a seeming soreness and interstitial distention of the gums.” I commend it to you for clinical study.

*Veratrum viride*.—If acute otitis media should be complicated by erysipelas you will find a most valuable agent in this drug. The first decimal dilution in water. Every hour internally, associated with the tincture locally, acted like a charm in a case in this hospital recently. Acute symptoms of middle ear disease arose in a patient with carious mastoid process, these acute conditions being complicated by erysipelas of the scalp. *Veratrum viride* controlled the active inflammation at once.

—\* Cooper Robert T. M.D., *Diseases of the Ear*, London, 1878.

HYDROPHOBIA.—(*N. E. Med. Gazette*.)—A prize of £100 is offered by the Royal College of Physicians, London, for the most valuable essay on hydrophobia. The questions thought especially to require investigation are: The origin and history of outbreaks of rabies; the best mode of prevention; the characteristics of rabies during life; the anatomical and chemical changes in its successive stages; the origin of hydrophobia in man; the morbid changes observed in the subjects of the disease, with special reference to those having their seat in the organs of the nervous system and in the salivary glands; the symptoms in well-observed cases; the diagnosis of the disease in doubtful cases; the efficacy of the various remedies and modes of prevention.

PHYSICIANS AND CRIME.—From the Boston “*Medical and Surgical Journal*” we learn that the fact of the medical profession being always regarded as a law abiding portion of the community has been conclusively demonstrated by the criminal statistics of Brooklyn for the past year. 25,706 arrests were made by the police; and of those arrested, one was a clergyman, one an editor, eight were artists, six actors, two custom house officers, forty-seven lawyers, and eleven undertakers, but not one was a physician.

COLD BATHING. (*London Lancet*.)—Dr. George Johnson says: “From what I have seen of the effects of cold bathing, I have arrived at the conclusion that more people are injured than are benefited by the practice; and I am confident that if the urine of all men, women and children who paddle about in the sea until they are blue and cold were tested within a few hours after their immersion, it would be found to be more or less albuminous in a large proportion of cases.”

## American Observer.

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E. A. LODGE, SEN'R., M. D., DETROIT, MICHIGAN, EDITOR.

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### OUR POSITION.

Our position, as stated in our Introductory for January, has met with warm approval by a large majority of our readers. A few misunderstand and misinterpret our remarks about the exclusives. Let us illustrate our meaning.

The Bereshith Rabbi furnishes the following instance of Pharisaic self-sufficiency:—

“Rabbi Simeon, the son of Jochai, said: the world is not worth thirty righteous persons such as our Father Abraham. If there were only thirty righteous persons in the world, I and my son would make two of them; and if there were but twenty, I and my son would be of that number; and if there were but ten, I and my son would be of the number; and if there were but five, I and my son would be of the five; and if there were but two, I and my son would be those two; and if there were but one, *myself should be that one.*”

The counterpart of such pharisaism is found in our cities where one physician out of 25, and sometimes, one out of 50 or 100, will say *he* is the only *pure* homeopath in such city.

Some of these exclusives and professed purists will prescribe crude doses of morphine one day, and the 100,000th the next, and yet refer to the great body of our practitioners as mongrels! They claim the “International” as their society, the *Organon*\* and the “Homeopathic Physician” as their organs.

We said in January that they do not represent one

\* Just suspended. If it were *resumed* with an abandonment of the obnoxious features of assumptions of superior knowledge and purity of practice it would find support.

fourth of our physicians. One writer corrects me and says not one-eighth. Probably not a tenth of the homeopaths in Michigan.

Among some reserved manuscript for the *Observer*, is one paper referring to the claim that the Internationals make that they have captured the Homeopathic College of the University of Michigan. How is this?

Some persons will represent that we are low potency and therefore bitterly opposed to high potency men and their measures. Yet our language or action has never countenanced such a thought. DUNHAM, HERING, HEMPEL, all used high potencies, yet we never said a word against them while living, and revere their memory now they have departed. But these men were broad, catholic and courteous. The pseudo-purists are narrow, bigoted and arrogant. If a man should take a vial with a capacity of one hundred drops and put a single drop of Belladonna tincture into it, and then by any process pour in water until 100,000 times 100 drops had been poured therein, and then filling such vial with alcohol, label it Belladonna 100,000, we do not think that such procedure would be entitled to more respect than another exclusive's putting a vial of sugar of milk in the moonlight and labeling it *Luna*. In fact many will regard the conduct of the exclusive in his assumptions of superiority, and his resort to the mere shadow of medication, as lunacy similar to that of the asylum inmate who thinks that he and his fellows are sane and the people of the outside world all out of their minds.

#### THE EPITHET MONGREL.

Referring to our objection to the use of the offensive epithet mongrel, one of our friends asked us if Hahnemann did not use the same. In reply to our question: Where? he says:

DEAR DOCTOR:—The passage I have in mind is in the note to §246 of the *Organon*, and is substantially the same in 5th Am. ed., 1876, and in the 1st Am. ed., 1836, the only two editions I have. His meaning of "mongrel practice," there, is plainly, the "combination of allopathy and homœo-

pathy." Has anybody used the word in a different sense? If a physician really thinks that combination is best for his patients, I would impose no restraint upon him; but is it appropriate, is it not misleading, to designate such practice by the same name as that which consists in an endeavor to follow closely the Hahnemannian teaching?

The position of Hahnemann, §246 *Organon*, is unobjectionable, and does not warrant the use of the term to homœopaths. We know of physicians who are so accommodating they tell their patrons they have studied in both schools and will practice on whichever system is preferred. We know of others who use drug store remedies, and mix half a dozen of these in each of three tumblers of water (18 in all) and direct these in alternation every half hour, etc., etc., etc. These meet Hahnemann's definition of mongrel, but it is unfairness if not impertinence, to apply the same term to those who adhere to *similia*, and abstain from all such adulterous admixtures. We do not think that any physician of mixed practice, or using impure and mixed medicines, has any right to say he is entitled to sail under the homœopathic flag.

We have much more to say on this subject, but reserve anything further so that we may hear from the British Journal of Homeopathy.

#### RECENT ASPECTS OF THE HIGH-POTENCY MOVEMENT.\*

The heroes of this "departure" in the past were Korsakoff and Jenichen. The "contact potencies" of the former are so universally discredited, even by the most enthusiastic infinitesimalists, that we need say nothing about them; and the 1500th potency, up to which he carried some medicines, has been quite cast into the shade by what has followed. Jenichen professed to prepare potencies up to the 40,000th or 60,000th (there are discrepant statements as to the exact point, but it matters little.) As to his mode of preparing these, which was kept secret, we have—most of us—acquiesced in the inference drawn by Rentsch, his heir and successor, from the facts known to him. This was,† that he counted a certain amount of succussion, without further dilution, as raising a medicine in the scale of potencies, so that his numbers do not truly represent those of the Hahnemannian series. We have given, in our number of January, 1880, an account of the article appearing in *The Organon* of October, 1879, entitled "The Secret of Jenichen's High Potencies revealed," but we must say a few more words about it here. Dr. Berridge, its author, wrote to the late Constantine Hering, who was reputed the sole possessor of the secret, asking him, among other questions, "Did Jenichen ever count a number of succussions, without dilution, as equivalent to an additional potency, or did each of his 'potencies' imply further dilution with succussion?" Now it is noticeable that Dr. Hering, in his long reply, *never answers this question*, which he might have done in a word. Nor is any refutation of the supposition contained in the extract from

\* (British Journal of Homœopathy, January, 1881.)

† See vol. x of British Journal Homœopathy, p. 168.

one of Jenichen's letters which he gives. The writer, indeed, states that he gave thirty shakes to each potency, and his calculations conform thereto; but he nowhere affirms that he diluted afresh for each. Indeed, the very contrary may be inferred from his confirmation of Rentsch's statement that he made his highest dilutions (from 900 upwards) in the proportion of two parts of "substance" (by which we suppose he means the previous potency) to 12,000 of water.† What is the meaning of this excessive proportion of vehicle? If we believe him to have used it for each step in the ascending scale, it makes his potencies widely different from Hahnemann's in the opposite direction from that which he has hitherto been assumed as true. But is it not much more likely that he adopted it to save time, and accounted himself, when he had given thirty shakes for each of the hundred minims of his 12,000, as having raised the drug 120 degrees? This supposition precisely accords with the actual numbers chosen. Why 12,000, and not 10,000 or any other figure? Because, on the obvious allowance of a second for a shake, this would give (at the rate of thirty for each) two potencies in a minute, and 120 in an hour; so that, when the hour came round, he would know that he had potentised his whole mixture, and should dilute afresh and re-commence. If this be so, it is scarcely necessary to point out that he has anticipated the error of one of his successors, and confounded addition with multiplication. Hahnemann's ascending degrees are not  $100 \times 100 = 200$ , but  $100 \times 100 = 10,000$ ; so that Jenichen's 120th barely exceeds the master's 2nd.

Dr. Berridge attempts to draw a different inference from two other expressions of Jenichen's. One is, when he has raised *Arsenic* to the 8000th, a query whether such a potency will have any power at all, which, it is said, is quite inconsistent with the idea that the highest potencies were only preparations of the same dilution more repeatedly shaken. But no one, we imagine, has thought that Jenichen *never* diluted. Rentsch calculated that for the lower potencies he did so at every 25th degree, and we have shown it to be probable that at higher stages he repeated the process at every 120th. Even with this amount of attenuation, he might well doubt whether the limit of activity had not been passed. The other phrase is when he speaks of "making a special potency" for Hering "of some peculiar preparation." "My idea," he says, "is to run it up from the 2000th, in the heavy" eighteen-ounce "potentising bottle, and give it 10,000 strokes, but only raise it eight degrees thereby." As he adds, "I am curious to know what kind of preparation this would make, and whether it would act any differently." Dr. Berridge argues that his calling this a "special potency," and speaking as he does about it, shows that his other potencies were differently prepared. This may be so, but it does not show that they were diluted at each step in the scale; and indeed the statement itself is barely intelligible.

We must adhere, then, to our position that in Jenichen's preparations succussion to a large extent superseded dilution, and that accordingly they are not what they pretend to be. Similar objections, and others to boot, must be made against the supposed high potencies with which America has lately favored us, and which bear the names of Fincke and Swan. The history of those of the former has been related by himself in *The Organon* for April, 1880;\* and a melancholy one it is, as regards all concerned in them and their sale. They are prepared by what is called "fluxion." A stream of water is allowed to flow in and out of a vessel holding a fixed quantity, which is previously filled with a given dilution of a drug. This is supposed to be further attenuated according to the quantity of water which passes through the vessel, or according to the time required for a certain fixed quantity of water to pass. Dr. Swan's method is very similar;‡ but "a perturbation even more violent than succussion" is superadded by letting the water pass through a finely perforated tube into the potentising vessel.

† There is a curious inconsistency here. Jenichen says that he succussed the mixture, to obtain stronger friction, in bottles weighing eighteen ounces, including the contents. Now eighteen fluid ounces contain only 8640 minims; the "potentising bottles" therefore, could not even hold the 12,000 parts with which the two minims of substance were combined, still less enable the mixture to be succussed.

\* See illustrated description Fincke's Patent, *American Observer*, 1872, p. 8-14.

‡ See *The Organon*, Oct., 1879, p. 398.

Now the question at once arises—does this continuous “displacement” effect attenuation in the Hahnemannian proportions? This point has been examined, for Swan’s potencies, by Drs. Burdick† and Deschere,‡ of New York, for Fincke’s, by Dr. Skinner.§ The first named submitted a solution of eosine to the spectroscope. Prepared according to Hahnemann’s method, its absorption-band disappeared in a little over the third degree of attenuation; when according to Swan, it remained up to the thirteenth. Dr. Burdick states, moreover, that further investigations (of which he reserves the details) have satisfied him “that Swan’s m.m.” (millionth) “cannot exceed the tenth centesimal of Hahnemann’s, and is liable to be much lower.”

Dr. Deschere confirms this conclusion. To the naked eye, almost all color has disappeared from Hahnemann’s third dilution of eosine, but it requires fifty of Swan’s displacements to get a shade like it. The fluorescence of this substance, moreover, is lost between Hahnemann’s 5th and 6th, but Swan’s 1000th displays it to about the same extent as the former. Therefore, as this gentleman too commits the mistake of confounding addition with multiplication, and supposes that when he has added to his 1000th enough of the vehicle to make another 1000th, he has reached the millionth, his millionth = Hahnemann’s tenth. Dr. Skinner has found, by experimenting with solutions of sugar, and weighing residues after evaporation, that Fincke’s process gives “unesimal” dilutions instead of centesimal; so that his 1000th is Hahnemann’s 151st.

This enthusiastic colleague of ours has of late gone through some curious variations of opinion relative to the American high potencies. He deserves much credit for acknowledging,\* when convinced on the point, that Dr. Swan’s potencies are not what they purported to be; for he has evidently alienated his fellow-editor, and probably lost some subscribers to his journal. But it cannot be forgotten that only six months previously he had supported the opposite thesis with a positiveness of assertion and contempt of opposition quite characteristic of his party. There really seems something in the so called “Hahnemannianism” which makes men arrogant and virulent beyond all measure; and few of its votaries escape the contagion. Dr. Swan’s process is here described as being “as simple as it is ingenious and correct.” Dr. Fincke’s “beautifully simple process adapts itself to every scale.” Dr. Deschere, who had questioned these preparations, is “incapable and unfit for the post of critic in this difficult and abstruse subject;” though afterwards he admits that he (Dr. D.) is right, and himself wrong. “His absurd—I should say, puerile—calculation about Dr. Swan’s potencies, comparing the m.m. to the tenth or twelfth of Hahnemann’s,” is cited with three notes of admiration; and his and Dr. Burdick’s physical tests applied to them are denounced in the strongest terms, while we have just now seen Dr. Skinner using similar means to ascertain the real character of Fincke’s.

Since these revelations, *The Organon* declines to allow any number to be assigned to Swan’s and Fincke’s potencies, when cases treated by them are recorded in its pages, but designates them simply as “high.” Dr. Skinner, however, continues to reckon as centesimal all dilutions made by a potentiser he has himself invented, because the fluxion is interrupted instead of continuous, the vessel being emptied at every step in the scale. It does not appear, however, that he has extended so his own preparations the testing by which he found Fincke’s, presumably centesimal, to be only unesimal; and until he has done so, he is hardly safe in counting upon them. His doing so, moreover, impales him upon the horns of a very unpleasant dilemma. In October, 1879, he wrote in his journal —“I have used potencies made by Fincke, Swan,.....and myself, and I know no difference. I have also used dozens of potencies, or attenuations—for that is the right term—made by myself on Swan and Fincke’s plan, modified by myself, chiefly the d.m. and m.m. potencies, and I can recognize no difference in the potencies so made by myself and those made on my Centesimal Fluxion Potentiser.” These words (whose italics are ours) were written while Dr. Skinner still supposed Swan’s and Fincke’s attenuations genuine. What will he say now? Swan’s 1000th has been shown to be Hahne-

† *Hahn. Monthly*, Nov., 1877.

‡ *N. Amer. Jour. of Hom.*, Feb., 1880.

§ *The Organon*, July, 1880.

\* *The Organon*, April, 1880.

mann's 5th, Fincke's 1000th to be his 151st. If Skinner's is indeed his 1000th, then 5th, 151st, and 1000th act without perceptible difference—in which case every reasonable man would prefer to use the 5th. The only alternative is that Skinner's are as unreal as those of his fellow-potentisers.

We here leave this unpleasant subject, which constitutes in our eyes—as it always has done—the plague spot of homœopathy. It is well that the vagary-seekers whose doings we have had to criticize should have started a journal and formed an association of their own. Their views and practices may there be aired as they list, and estimated at their true worth. The genuine scientific method of which Hahnemann was, not the inventor, but the discoverer, should claim adherence on its merits, without being liable to have them obscured by the unphilosophical fancies of a little section of its cultivators.

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**TORONTO ONTARIO, HOMŒOPATHIC MEDICAL ASSOCIATION.**—At a meeting of the registered homœopathic physicians of Toronto, held at the residence of Dr. Kippax, it was unanimously resolved to organize a Homœopathic Medical Association, for the purpose of promoting the interests of homœopathy and mutual improvement. Dr. J. R. Kippax was elected president; Dr. D. S. Oliphant vice president; Dr. J. Adams, secretary; and Dr. J. F. Danter, treasurer. Dr. John Hall, Dr. H. Evans, and Dr. W. H. Howitt were elected members. Dr. Logan, of Ottawa, Drs. Husband and Vernon, of Hamilton, Dr. Henderson, of Strathroy, Dr. Morden, of London, Dr. J. S. Mitchell, of Chicago, Dr. H. F. Biggar, of Cleveland, Drs. T. P. Wilson and H. C. Allen, of Ann Arbor, and Dr. J. J. Lancaster, of London, were elected honorary and corresponding members. The association is to meet the second Tuesday in every month except June, July and August, at the residences of the members in rotation.

**LIME-WATER SPRAY IN SCARLATINA.**—(*Medical Record.*) Dr. Alonzo Clark states that, of the various applications which he has tried, he prefers frequent gargling with cold water; but when the children are too young to gargle, and there is membranous production in the throat, he has found great advantage in using the spray of ordinary lime-water, produced by an ordinary spray-producer. The child's mouth is held open, and the spray is thrown in as he takes an inspiration, so as to shower it down on the fauces. In a case of diphtheria, the persevering use of this spray was also found very useful in detaching the membrane. "This lime-water, thrown on the forming membrane, I believe to be the most efficacious thing you can have. It does not apparently disintegrate the membrane, but it seems to produce a breaking-up of its attachments to the living tissue."

**A LONG FALL.**—(*Boston Journal of Chemistry.*)—Dr. Stephen Kartulis, of the Greek Hospital, Alexandria, relates the case of an English boy, who, on June 1, 1879, was playing with his brothers and sisters on the roof of a house in that city, and in trying to cross from the front to the back of the building on a beam slipped and fell on a granite pavement, a depth of 71 feet 3 inches (carefully measured). Both legs were fractured. The fractures were set, and a slight wound in the leg was treated antiseptically. For two or three days the child was feverish, and occasionally delirious, but he ultimately recovered, and on November 15th he was racing with six other boys, and came in third.

**TRANSMISSION OF SYPHILIS FROM THE FATHER.**—(*Atlanta Med. Journal.*)—Wolf, of Strasburg, has studied a large number of syphilitic parents and their children, and reaches the following conclusions:

The transmission of pox from the father to his progeny can only occur through infection of the mother.

In every case of a child being born with syphilis, the mother is or has been syphilitic. Wolf has never seen a single case in which he was not able to verify this proposition.

It is easy to see the importance of this assertion, both theoretically and practically, particularly in reference to natural nursing.

**PRY.**—When we hear that one of our professors says to his class: "If there is a God," we are more inclined to pity than to censure. The atheist must be unhappy. Rushing on with the rapidity of flying time to the unknown and the unknowable. Pres. O. A. Burgess writes: "The only final thought ever yet suggested is expressed by the word God. By this I mean that the mind continues in unrest on any subject so long as there is a possibility of reaching still further. Thus in science the most profound and learned, as Huxley and Tyndal, touch an outmost limit which they first designate as the 'unknown,' and finally as the 'unknowable.' The Athenians were equally wise eighteen or twenty centuries ago, for they also had an altar dedicated to the unknown God."

And yet these teachers who are groping in the darkness of 2,000 years ago, talk of *advance* and progress.

**DIPHTHERIA.**—It is reported that of 71 Chicago physicians 17 believe that diphtheria and membranous croup are the same disease; 50 believe them to be distinct; four believe that the diseases are so related as to preclude categorical replies. Forty-nine physicians unreservedly state that diphtheria is contagious; several think it is contagious under some circumstances, and 10 believe it is not contagious. On sewer-gas or surface filth as creative of the special exciting cause of diphtheria, the difference of opinion seem more evenly balanced, but the replies fully substantiate the dangerous character of sewer-gas and surface filth. Twenty-eight physicians say that these do produce diphtheria; 19 say they do not; 17 say they promote diphtheria.

**NORTH AMERICAN REVIEW.**—The contents for March will win the attention of all by the timeliness of the topics discussed. First, we have a thoughtful and moderate article by Bishop Coxe on "Theology in the Public Schools." The author would sternly exclude from the schoolroom all sectarian dogmas, whether Papist or Protestant, but he insists on the retention of the Bible, first because that book is the principal fountain of our English speech, and secondly because it is really the base of our social system. The other articles are Isthmian Ship-Railway, The effects of Negro Suffrage, The Political Attitude of the Mormons, The Free-School System, Theologian Charlatanism, finally, a review of some recent publications in Physics, by Prof. A. W. Wright.

"**THE ORGANON**" SUSPENDED.—The editor announces with extreme regret the abrupt termination of "THE ORGANON." He has long devoted to its pages much time and attention, and finding it impossible any longer to do so without serious risk to his health and interference with other duties, he has determined to relinquish all interest in the undertaking. Its place will be supplied in the U. S. by the new journal, "The Homœopathic Physician."

**WORLD'S HOMŒOPATHIC CONVENTION, 1876, Volume II, History.** We are desired by the editor to state that the above book is completed and has been sent out. If any one entitled to receive a copy has not done so, he will please notify Dr. J. C. Guernsey, 1923 Chestnut St., Philadelphia.

**DECLINED—WHO BY?**—A January number is returned "Declined" without name. *How are we to tell who it is?* We expect this friend will be vexed when he gets this February number, "Why didn't they stop it when I told them to."

**TEN PER CENT.** Loss on \$2 drafts or checks on country banks. Will our friends be kind enough to send us either checks on New York city or Detroit, or bank bills in registered letters. Bankers here charge 20 cents on small checks on country banks.

**GOOD DOG IF NOT BEAUTIFUL**—A prominent Main street merchant owns a large but strikingly unhandsome dog. Besides being an excellent guardian of his master's goods he is very sensible. A few nights ago his master's child was taken ill, and the dog by some means or other found it out. Straightway he went to the office of the physician who usually practiced in the family and scratched at the door. The physician arose and drove the canine messenger off, but he returned again and renewed the invitation. The doctor did not understand the actions of the dog, and only on the following morning when the master told him that his child was sick and he had summoned another physician was the strange conduct of the dog explained. This is a Christmas dog story, but warranted true.—*Charlottesville, Va., Jeffersonian.*

**GEORGIA.**—Referring to our notice p. 601, December number, Prof. Gatchell says he does not think the pamphlet about N. E. Georgia is characterized by enthusiasm. The objection which is generally made to it is that it is uninteresting reading, because made up of dry details and statistics. Nor is the sending of fifteen cents necessary to the securing of a copy? It will be sent free of charge to any one who will ask for it. Address, Prof. H. P. GATCHELL, Atlanta, Ga.

**DAMAGES.**—A London doctor's carriage was wrecked by the horses running away in a fright, caused by a bump when crossing a street railway track. The courts awarded him the cost of repairing it, the hire of a new vehicle in the interim, and the conveyance both ways, the total amount being £42. 10s.

**MARQUETTE, MICH.**—We want a homœopathic physician here. We have six thousand people and no homœopathic practitioner. It has been worked some. I will answer all necessary questions from parties desiring a change of location. CYRUS M. BABCOCK, Box 109, Marquette, Mich.

**BREECH PRESENTATIONS.**—Dr. J. D. Nourse, (*Ohio Medical Record*) reports a woman who had twelve confinements, with twelve breech presentations. Her last was twins, one of which had a vertex presentation.

**PROVERBS.**—He that is his own teacher has a fool for his master.—*Bernard.* He that is his own lawyer has a fool for a client. He that is his own doctor has a dotard for a patient.

**BROMINE IN DIPHTHERIA.**—Dr. C. E. Rutherford says he has used Bromine in diphtheria, and in diphtheretic scarlatina with success, following the directions of M. Teste as related in OBSERVER for last year.

**BOOK RECEIVED.**—Catarrhal Diseases of the Nasal and Respiratory Organs. By G. N. Brigham, M. D. A. L. Chatterton Publishing Co., New York. Price, \$1.00.

**BOOK NOTICES.**—A large number will appear in March issue.

**EXCITATION OF THE SCIATIC NERVE.**—(*T. M. S. in Hom. Times*).—Experiments (*Le Prog. Med.*) have shown that when the central end of the divided sciatic nerve received a feeble excitation, as for instance by means of compression or the passage of a feeble electric current, there was a notable increase of the urinary secretion; an increased or strong irritation, such as a ligature or a strong electric current, produced a diminution of the secretion. It was noticed also that an irritation of a single nerve produced the same effects on both kidneys.

**BALLING OF HORSES' FEET WITH SNOW.**—(*New England Medical Gazette*).—This may be prevented by filling each hoof with about one quarter or a pound of gutta-percha; not the raw material, but in sheet form. By putting it in hot water, it becomes as soft as dough, and can be well pressed in between the shoe and frog, leaving a smooth surface. As after each shoeing it is reheated and put back, it will last forever.

## SHALL THE ACCOUCHEUR PERFORM AUTOPSY?

R. VOLKMAN.\*

The question has been repeatedly put to me by my colleagues, whether the surgeon who will practice successfully antiseptic surgery may be permitted to make autopsies? While answering in the affirmative, I feel the necessity of discussing the subject more at length.

In the first place, the idea must be discarded that the physician who is not a strict antiseptician may be less careful and cautious when in his practice he comes in contact with wounds, ulcers, and fistulæ of any description, or when he has to deal, directly or indirectly, with sensitive mucous membranes like those of the eye or urinary organs, or examines pregnant or parturient women. Since there is scarcely any physician who can be certain that in the course of a day's work he can avoid such contacts, the question should rather be, whether the general practitioner may be permitted to perform autopsies unless he is able afterward, for a certain length of time, to keep away from patients whom he might infect? For it is obvious that the secretions and infectious germs of a wound can be rendered harmless, and that their effect in case they still adhere to the hands or clothing of the physician can be best neutralized by the antiseptician who carefully disinfects himself before operation or the examination of patients, and who uses not only aseptic instruments, but also as a rule, instruments and dressings which have been immersed in, or impregnated with antiseptic solutions.

Only during the last few years, since 1873, have accidental traumatic diseases among the patients treated by us entirely disappeared; following which time, no assistant or nurse in my clinic has been allowed to touch any—even the most insignificant—wound (no matter how it may be afterward treated), nor any ulcer, be it only a furuncle or fistula, or tegumentary lesion, without having first thoroughly disinfected himself; not even a probe has been used or for examination, or scissors for dividing a ligature (even in wounds treated openly, for example, hare-lip, or plastic operation about the face), that has not been likewise cleansed and carefully disinfected beforehand; moreover, since then, the light forms of phlegmon are no longer seen, and as for erysipelas, only the so-called spontaneous form in those suffering from ozæna, lupus and elephantiasis is observed, or it may occasionally occur among cases who themselves dress an insignificant fistula or some such lesion. But even in these forms the disease has become extremely rare.

It has frequently happened that physicians from abroad on walking through my wards and observing there a number of recent operations on the face, being subjected to the open-wound treatment and presenting no trace of inflammatory reaction, have remarked that my clinic must be so "thoroughly carbolized" that all wounds healed there more readily, or that such cases prove that equally as good results can be obtained without antiseptics as with it.

Both conclusions are false, for these patients were treated on principles as strictly antiseptic as is possible without Lister's occlusive bandage, and as to carbolization of a hospital, that, for good reasons, I regard as a fable. In every individual case and at every step, on every instrument and in every dressing material, must the universal ever-present—even in the hospital—excitor of putrefaction and inflammation be again and again baffled and ward off, destroyed and rendered harmless.

With my nurses this thought has become such a second nature that it is often with satisfaction that I observe how one or the other of them, who particularly valuable to me on account of his intelligence and reliability, will mechanically polish and disinfect the plaster-of-Paris scissors before cutting with it the bandage of a subcutaneous fracture.

The proof that without any danger to his patients, one can handle decomposing animal structures by thoroughly cleansing and disinfecting the hands after doing so, is furnished by my own experience during the summer months. Although I conduct the operative course from six to eight o'clock in the morning, and for two hours long my hands are immersed in the various parenchymatous fluids, and the blood of decomposing and non-decomposing bodies, and then, after a short intermission, operate during the entire forenoon and

\*(Centralbl. f. Chir., No. 26, 1880. International Journal Med. and Surg.)

handle recent wounds, there are just as few traumatic complications observed among the patients treated during the summer months as during the winter; the disinfection which I undergo while still in the dissecting room, where I hold my operative course, and repeat in the clinic, before and after the examination of each patient, proves all sufficient. For the purpose, carbolic acid is employed, a concentrated solution of which in glycerine, is kept constantly on hand; of this, enough is added to the water in which I wash myself to make it of the strength of 5 per cent.

A change of under clothing I think is unnecessary. Whenever we operate on the living, or apply dressings, I, as well as my assistants, wear white linen coats, of which I alone, frequently use three or four during the course of a single forenoon; old coats of cloth, such as many surgeons are in the habit of wearing while operating, I regard as absolutely inadmissible, and oil-cloth aprons and sleeves, to say the least, are suspicious.

As is well known, some gynæcologists, when performing laparotomy, admit only such physicians as spectators and assistants as are prepared to assert positively that they have not dissected for a certain number of days previously, or handled a suppurating wound or visited any patient suffering from puerperal fever, etc. This is overshooting the mark; If they should convince themselves by personal observation that the parties concerned disinfect themselves thoroughly before entering the operating room, and furnished them with newly-washed linen garments, they would be proceeding more safely than by asking them to testify on their word of honor.

Truly, it would be too bad for us, as surgeons, if a single and thorough disinfection and cleansing would not suffice to remove from us all septic germs and excitants of disease, for we can by no means always avoid undertaking an operation on an organ which may be peculiarly sensitive to such morbid influences, or dress a wound of such an organ, on the same day when we have perhaps incised a suppurating phlegmon, or it may be, cleansed a wound of the same character. Much less, is such possible on the part of our assistants. What would be the consequence if a thorough and rapid disinfection were impossible? We should be obliged to have special wards and special assistants for each patient whose wounds were not altogether of an aseptic character; such would be the necessary alternative.

When I began experimenting with the antiseptic treatment of wounds, and, as was quite naturally the case in such an intricate method, did not at first obtain its full results, I was much more solicitous in regard to the point under consideration; patients with foul and suppurating wounds were isolated and attended to last, and my first assistant at that time, Professor Ranke, invariably took a full bath and changed his linen completely as soon as he was through with such patients. At present we isolate only those suffering from erysipelas, diphtheria, etc. There are, however, certain precautions necessary in order to prevent possible errors and oversights in a clinic such as this, where many patients are congregated, which may be dispensed with in individual cases; if, as is ordinarily the case, a large number of operations are to be performed, one after the other, we begin with the one in which the danger of infection is the greatest, and conclude with those in which sepsis is present. It may be that I first open an abdominal cavity, then remove a floating body from an articulation, then resect a fungoid joint, and finally cure for an acute, phagedenic phlegmon. A similar principle is observed on changing the dressings at the morning and evening rounds. Another question that presents itself is, whether a gynæcologist shall permit students and young physicians to examine pregnant or parturient women, shortly after operating on the cadavar or performing an autopsy in the dead-house? Certainly not, unless he is personally cognizant of the certainty that they have disinfected themselves, and the manner in which it has been done, or causes them to change their clothing, or at least remove their outer garments.

In our times, among the indispensables of the general practitioner's pocket-case, is a vial of carbolized glycerine.

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SANITARY PROGRESS IN THE NINETEENTH CENTURY.—Dr. Erasmus Wilson, editing Van Hufeland's celebrated work, *The Art of Prolonging Life*, in the last century, remarked: "The reader will be struck with the little real progress which has been made in the science of living during the more than half a century since the original work was written."

## HERING MEMORIAL.

We accede to the request of Committee to publish the following communication with great pleasure, and trust they will have abundant success in their labor of love :

PHILADELPHIA, January 1st, 1881.

At the "Hering Memorial Meeting" held in Philadelphia on the tenth day of last October, at the same hour that similar Memorial Meetings were held in the chief cities of the United States and of Europe, it was unanimously resolved to collect the various speeches and eulogies delivered at these meetings into a volume, under the title of "The Hering Memorial," which should serve not only as an expression of the veneration and affection in which we hold the memory of our great colleague, but also as a monument to his surpassing excellence as a man and physician, more enduring than any structure in bronze or stone, and one, which, we are sure, would be more in accord with his own wishes.

The undersigned, literary executors of Dr. Hering, were appointed to edit this Memorial volume for which the materials are already in hand, and are merely awaiting the necessary funds for publication.

The Rev. Dr. Furness has kindly consented to write a short Memoir of his old friend, and this, with the material before mentioned and various papers furnished by eminent physicians and by personal friends, will make a volume of several hundred pages, which cannot but prove of great professional and historical value, and at the same time its contents will be sufficiently varied, to prove attractive to general readers, even for the few minutes they are awaiting attention in the physician's office. The book will be handsomely bound and illustrated.

In order to accomplish this object, you are asked to send to any one of the undersigned, whatsoever sum you may find it a pleasure to give towards the publication of this book, in memory of one who gave freely of all he had to his beloved Homœopathy.

To all contributors to the publication fund, a copy of the book will be sent.

Messrs. Boericke & Tafel, the well known publishers, have kindly consented to attend, without remuneration, to the distribution of the volumes; the artist furnishes the drawings as his contribution; there remains, therefore, as the sole expense of the book, the cost of paper, engraving, printing and binding. Whatever sum remains after paying these four items, will be presented to Mrs. Hering in the name of all the subscribers, of whose names a printed list will accompany each volume.

Yours Respectfully,

C. G. RAUE, M. D.,

121 North Tenth Street.

C. B. KNERR, M. D.,

112 North Twelfth Street.

C. MOHR, M. D.,

555 North Sixteenth Street.

WHAT HAS BECOME OF THE METRIC SYSTEM?—(*Pacific Med. and Surg. Journal*).—Less than a year ago the Metric System set the world ablaze and threatened annihilation to every man who should decline adopting it. One of its advocates, writing in a leading Eastern journal, denounced the common method as "the systemless system of weights and measures of the forefathers, which, supported by selfish *vis inertiae* and indolent conservatism, is now rapidly half tottering, half sneaking down the back entry of time." Just now the sneaking appears to be on the other side. If the metric men do not bestir themselves they are likely to vanish, together with their system, down the back stairs of oblivion. Perhaps they would succeed better with less bullying. One hates to be goaded and kicked even to a good dinner.

"AN HONEST CONFESSION IS GOOD FOR THE SOUL."—(*New England Medical Gazette*).—In a letter to Dr. Gaillard, editor of *L'Homœopathie Militante*, Dr. Boens—member of the Royal Academy of Medicine, Belgium—says: "I cannot refrain from acknowledging that the homœopaths have rendered incontestible services to many persons, in replacing by a suitable diet the infatuation for drugs, one half of which are useless, a quarter harmful, and only the other quarter useful and efficacious."

## Colleges and Societies.

ALBERT LODGE, M. D., DETROIT, MICHIGAN, EDITOR.

### REGULATION OF THE PRACTICE OF MEDICINE.

In view of the fact that the Legislature of this State, which is now in session, will have before it several bills to regulate the practice of medicine in Michigan, a medical acquaintance has drawn up a bill which, in our opinion, is in some respects better adapted to the wants of the people and profession here than any which we have seen.

It does away with the cumbersome "Commission" or "Board of Examiners," which other schemes provide for. The "Commissioners" provided for in other bills, before the legislature, are *not* to examine candidates in therapeutics or systems of medicine which are the *vital points* of a doctor's *qualification* to practice intelligently, and should not be overlooked or ignored.

Further: it does not interfere with any one who is *now* located and established in practice, whether he be a graduate or not, but it prevents quacks from advertising or using their A. B.'s, M. D.'s, L.L. D.'s, etc., from bogus colleges, and indeed squelches the whole bogus diploma business. This is a feat much to be desired, and is not likely to be accomplished by any other measure as yet before our Legislature.

#### A BILL TO REGULATE THE PRACTICE OF MEDICINE AND SURGERY IN THIS STATE.

The People of the State of Michigan enact:

*Sec. 1.* No person shall practice medicine or surgery in any of its departments, (dentistry excepted) in this State, without registering in the office of the County Clerk in the County in which he or she resides or proposes to practice.

*Sec. 2.* The County Clerk of each County shall keep on file the record or statement of each person who practices or proposes to practice medicine or surgery, giving his or her location and age, with all titles or insignia of learning which he or she may possess thereto attached, with a statement of the time when, the place where, and the name of the preceptor with whom he or she pursued the study of medicine or surgery.

*Sec. 3.* He or she shall also state the name of the school or schools of science and medicine in which he or she was a student, mentioning the time of entering and of leaving such institution, and what degrees, if any, were received at any one of them, and he or she shall also state the name of every place at which he or she has practiced his or her profession of medicine, and the length of time of said practice.

*Sec. 4.* To the record or statement thus made, he or she shall subscribe his or her name under oath, that every statement is strictly true, and to this statement when received by the County Clerk any citizen shall have access, and upon complaint by any citizen that a false oath or statement has been made the physician making it shall be arrested, and on conviction, punished as provided by law for perjury.

*Sec. 5.* Any person who practices medicine or surgery, or any of its departments (dentistry excepted) in this State without complying with the provisions of this act, or who attaches to his or her name, or uses titles or degrees not obtained by actual attendance

upon and passing through the regular curriculum of studies in a legally incorporated college shall be deemed guilty of a misdemeanor, and on conviction shall be fined not less than five nor more than twenty-five dollars for each offense, or thirty days in the county jail, or both such fine and imprisonment.

*Sec. 6.* No person who practices medicine or surgery in this State, who is not a graduate of a legally incorporated College, and who received his diploma or degree from the same by actual attendance thereon, shall be entitled to collect fees for professional services by process of law.

*Sec. 7.* Every person who practices medicine or surgery in this State shall register in accordance with the requirements of this act, and shall pay the County Clerk therefor a fee of one dollar.

*Sec. 8.* Three months after the passage of this act no person shall be allowed to register as a physician or surgeon in this State who is not a graduate of a legally incorporated medical college in this State, and who received his diploma or degree by actual attendance thereon and passing through the regular curriculum of studies therein *Provided*, that the graduates of colleges located in other States and countries may register in accordance with the provisions of this act, if said graduates, or the colleges from which they received their diplomas or degrees, are endorsed or approved by either of the medical faculties of the University of Michigan, or the Board of Health of this State, for which latter service, the graduate above named shall pay said faculty or Board of Health a fee of five dollars.

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DANGERS OF ANÆSTHESIA.—(*Pacific Med. and Surg. Journal*).—The *Cincinnati Lancet* considers that the condition of artificial anæsthesia, no matter by what agent produced, is always a condition of danger. The term is somewhat vague, too much so indeed for strict reasoning. We may say that travel on a railroad always constitutes a condition of danger. We agree with the *Lancet*, however, in the general expression. The truth is that anæsthesia is really partial death. It is a suspension of one of the most important functions of life. Although we have witnessed the condition with countess frequency during all the long years since the introduction of ether, yet we must confess that every instance of anæsthesia still brings to mind the idea of death, and produces the impression that the patient is pushed so near to the grave as to suggest the possibility that he will not return.

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HIGHER MEDICAL EDUCATION.—The *Medical Record* records the outcome: "The New Medical School somewhere in Minnesota, which started off with such a firing of guns on account of its adopting a four year graded course, has not, it is said, a single student."

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NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.—This class of the present session in this institution numbers 165 students. Of this number 60 will apply for graduation.

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NINETY STUDENTS at Homœopathic College at University of Michigan January 28, 1881.

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#### REMOVALS.

CLARK.—Dr. J. S. Clark from Olney, Ill., to Mason City, Iowa.

CLEMMER.—Dr. J. W. Clemmer to Columbus, Ohio.

GLOVER.—Dr. W. A. Glover from Elmira, N. Y., to Hannibal, Mo.

LEWIS.—Dr. Emlin Lewis from Wichita, Ks., to Buena Vista, Col.

MANNING.—Dr. Stella Manning to East Somerville, Mass.

MORROW.—Dr. H. C. Morrow from Shelbyville, Ind., to Sherman, Texas.

ROBERTS.—Dr. O. W. Roberts from Palmer to Ware, Mass.

SEWELL.—Dr. S. G. Sewell to Castine Maine.

VAN BUREN.—Dr. Wm. M. Van Buren to Vicksburgh, Miss.

WHITE.—Dr. E. P. White to Merrimac, Mass.

ZILLIKEN.—Dr. N. Zelliken from Milton to Chester, Ill.

## The Laugh Cure.

A MERRY HEART DOETH GOOD LIKE A MEDICINE.—*Solomon.*

**NEW METHOD OF TESTING FOR TRICHINÆ.**—A late British journal gives an account of a peasant of Holstein, who, uninstructed in microscopical research and not possessing the requisite instruments of precision, has devised for himself a new test for the presence of trichinæ in pork. When he killed a pig, he sent a portion of it—ham or sausage—to his *minister*, and for fourteen days awaited the result. If his Reverence remained well, he felt easy in mind and well assured of the sound condition of his pig, which he then dispensed in his own family. This ingenious method of research has not, however, been considered sufficiently satisfactory by educated physicians to tempt its general adoption.

**SPANKING AND FLOGGING AS THERAPEUTIC MEASURES.**—(*Philadelphia Med. and Surg. Reporter*).—A year or two ago Dr. I. E. Taylor showed the excellent effects to be derived from spanking the child and flogging the mother (with a wet towel), in some of the accidents of parturition. Dr. Heurot, of Paris, has found the same measure admirable as a remedy in hysterical spasms. We recollect that, as a small boy, we took some doses of this same preparation for certain emotional diseases, such as slight kleptomania (toward apples), acute ira, and a disorder of the organs of speech (prophania); in these and similar disorders, we join in giving it our fullest recommendation.

**BAD SMELLS.**—The *Boston Medical and Surgical Journal* is responsible for the following: Apropos of the increasing bad smells in which various quarters of Paris abound, a late number of the *Charivara* depicts a gentleman in the country standing over a manure heap inhaling its emanations. He replied to his son, when asked by him what he was doing there, "Going into training for a visit at Paris!"

**PROFESSIONAL!**—(*American Practitioner*).—Paul Broca, who was a capital *raconteur*, told the following anecdote of himself: He was in Seville, and wishing to be shaved, he applied to a barber whom he chanced to know. After the conclusion of the operation, the barber declined to accept any pay, on the ground that *confreres* should not accept fees of one another.

**HARVARD GRADUATE.**—The *Pacific Medical and Surgical Journal* tells us that a young M. D. of Harvard astonished a carriage maker and his workmen by the following note: Sir, the posterior proximal wheel of my buggy emits an abnormal sound which leads me to diagnosticate some lesion. I therefore send you the vehicle for treatment."

**"THE TRUE SECRET OF HOMŒOPATHY."**—Polonius stated it long ago: "To thine own self be true; and then it follows, as the night the day, thou can'st not then be false to "*Hahnemann*."—*Funny Folks*.

**NASAL DOUCHE.**—"One of those things which the doctor gives you to amuse yourself with, while he gets his hand into your pocket." But those are mistaken who think the douche a harmless instrument.

**GLASS EYES** for horses are made so perfect that even the animals themselves cannot see through the deception.

**THE DOCTOR.**—Translated from the Latin in 1864:—(*New Eng. Med. Gazette*).—

"Three faces has the doctor; longed for, he  
Appears angelic; giving ease, divine;  
But let him, long delaying, ask his fee,  
His horrid visage Satan's doth outshine."

## Personal Notices, &c.

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**CAINE.**—Dr. W. H. Caine has been elected County Physician at Stillwater, Minn.

**CHILDS.**—The talented authoress, Lydia Maria Child, whose memory will be long revered, left \$2,000 to the Massachusetts Homœopathic Hospital.

**FISH.**—Everett W. Fish, M. D., formerly editor of department of "Chemistry and Pharmacology" in this Journal, is now editing "The Illustrated Cosmos," in Chicago. His book upon the Egyptian Pyramids has attracted notice. Both books will be referred to in our "Book Notice" department.

**HOYNE.**—Prof. Temple S. Hoyne will read a paper upon "*Prevailing type of the Winter Diseases*" before the Clinical Society of the Hahnemann Hospital of Chicago.

**LUDLAM.**—The January number of Prof. Hoyne's journal, "The Clinique," (published at Chicago, at \$1 per year), contains an excellent lecture by Prof. R. Ludlam, upon "*Uterine Deviations and Displacements*."

**LEONARD.**—Dr. C. Henri Leonard is doing the profession a good service in publishing the names of Buchanan's bogus diploma receivers in his Illustrated Medical Journal.

**POPE.**—Dr. Alfred C. Pope, Lecturer on Materia Medica at the London School of Homœopathy, has a very fine lecture upon "Bichromate of Potash" in the Monthly Homœopathic Review for January, what we shall try to make room for in our next number.

**RUNNELS.**—Dr. M. T. Runnels was appointed by the Governor of Indiana to represent that State in the Sanitary Convention at New Orleans.

**WATSON.**—Surgeon-General William H. Watson, M. D., of Utica, N. Y., has been appointed Regent of the University of the State of New York, in place of Chancellor Benedict, deceased.

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### MARITAL.

**BLUMENTHAL—LOTTIMER.**—Charles E. Blumenthal, M. D., Ph., LL. D., of New York city, editor of "The American Homœopath," was married to Mrs. Jane C. Lottimer, of the same city, on the 16th of December, 1880.

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### NECROLOGICAL.

**BECKWITH.**—E. C. Beckwith M. D., of Columbus, Ohio, died of ulceration of the stomach on 31st November, 1880. His brother, Prof. S. R. Beckwith, spoke very eloquently at his funeral, and we extract from the Advance a part of his remarks.

"Thirty years ago, after receiving a liberal education, he graduated in one of the oldest medical institutions of this country, and soon commenced the labor of his profession. Even in his youth he fully appreciated the sacred responsibilities of a physician. He assumed the professional care of the distressed and sick with a complete and full apprehension of the solemn obligation that he owed to God and the being who entrusted his health and life to his care. He always recognized the evolutions of scientific progress, and aimed to take a high position among those who advocated useful medical improvements.

"He was an active member of State and National Medical Societies. The good results of his knowledge and experience were through these associa-

tions given to the world. He contributed liberally to the pages of medical journals, never copying or borrowing a human thought and calling it his own. He gave his fellows in medicine only such facts as a large and ripe experience had proven valuable. The energies of his life were spent for the welfare of the suffering and sick.

**BARTLETT.**—Dr. Abner R. Bartlett died at Aurora, Ill., on December 26, 1880, æt. 68. He was a Professor in the St. Louis Homœopathic College, and at one time Professor of Physiology in the Cleveland Homœopathic College.

**DIXON.**—Edward H. Dixon, M. D., the brilliant editor of *The Scalpel*, one of the raciest, wittiest and most caustic of the medical periodicals of this century, died at New York on the 6th of December, æt. 72. The *Medical Tribune* says: "He was intrepid and brave, never overborne by hostility or malevolence. A thorn in the side of the medical lights of New York, a resolute enemy to the secret oath, the customary chicanery, and trade-union ethics of the colleges and societies, and persistently refused to compromise a principle, or accept honor, or any offer of affiliation. They, in turn, lost no opportunity to do him spite and injury. His *Scalpel*, while it was published, cut deeply into every ulcer and old sore of cherished usage, laying bare what there was an endeavor to conceal. Mr. Dixon detested hypocrisy and never hesitated to expose it. He told the truth without fear or favor.

**EGGERT.**—Mrs. Elizabeth Eggert, a very estimable lady, wife of W. Eggert, M. D., of Indianapolis, departed this life November 24, 1880. The doctor will please to accept our sincere condolence in his affliction.

**PAGE.**—Departed this life at Appleton Wis., on Thursday night, January 20th, 1881, Moses F. Page, M. D., aged 57 years and 10 months.

The facts contained in the following notice were obtained from a local paper. In April, 1823, he was born in Plattsburg, N. Y., the son of a physician. Dr. Page, senior, died in 1830, leaving to the care of his four children, of whom Dr. was the oldest. When seventeen years old he entered the Delaware Literary institute of Franklin, Delaware County, N. Y. After four years of study, receiving the highest honors of his class, he entered upon the study of medicine, but before finishing failing health obliged him to exchange study for more active pursuits. In 1849, he married a daughter of Hon. James G. Redfield, of Delhi, N. Y., and two years after removed to Illinois. In 1862 he came to Appleton where he remained until death.

He was formerly of allopathic faith, but a serious illness of his wife in which she was given up to death by several physicians, induced him to examine and try homœopathy, and with happy results, as Mrs. Page lives one of the most active and useful ladies of Appleton. The doctor then entered Hahnemann college, Chicago, from whence he graduated.

Skillful in his practice even to nights of watching, tender in his ministrations he made many ardent friends. Families far and wide mourn him almost as one of their own circle. Wonderful physical endurance and strength was given freely. Caution unheeded, his life-work was first, and his own care and comfort too often forgotten. About two years ago, his horse, frightened by a passing steamboat, ran away, and threw him upon the roadside and for hours he was as dead; but his great vitality soon enabled him to resume his duties. At last, stricken by paralysis, after a few weeks suffering he is called hence.

Often ministering as an earnest christian to the needs of his patients, it is hardly needful to say that until his voice failed he repeatedly spoke of his strong faith in Christ who would lead him "through death into unending life."

**SMITH.**—Dr. Oliver Smith, died at Brooklyn, N. Y., Nov. 23, 1880. Age 62.

**WHITCOMB.**—James B. Whitcomb, M. D., died at Brooklyn, Conn., on December 24, 1880. Age 76. During the war he served as Surgeon in the 11th Connecticut regiment.

## Clinical Observations.

H. W. TAYLOR, M. D., CRAWFORDSVILLE, INDIANA, EDITOR.

### ERYSIPELAS AND ITS HOMŒOPATHIC TREATMENT.

*From the Spanish of Dr. D. Pedro Rino Y. Hurtado.*

BY CLIFFORD MITCHELL, M.D.

The chief remedies for Erysipelas are Aconitum napellus, Atropa Belladonna, Apis mellifica, and Rhus toxicodendron.

#### I. ACONITE.

Aconite is corrective of the phlogistic, congestive and hyperæmic state which precedes and accompanies erysipelas; it is convenient to use it in that synochal, inflammatory fever, which inaugurates and even constitutes the first period of the malady, especially when the particular nature and kind of the disease is not manifest, or when it appears to be phlegmonous, involving the subjacent cellular tissue; it corresponds magnificently when there is strong acute fever with burning heat; the skin often dry and burning; face swollen, hot and inflamed with red spots on the cheeks; sometimes pallor, markedly pronounced when the patient sits up in bed; eyes bright, burning, painful; great agitation and sad presentiments, with complaints, anxiety and fear of death; pulse full, hard, frequent, at times suppressed, and as it were fettered by the exertion and erethism of the blood; violent cephalalgia, pressing and pulsative; vertigos: delirium; oppression of the chest and dyspnœa; tumultuous palpitations of the heart, etc., etc. In a word in all those cases characterized by that fever called by Huxham, inflammatory, by Cullen synochal, by Professor Pinel angiotecnic.

When erysipelas is apparent from the start or may be diagnosed from rational indications no time must be lost in giving either Belladonna, Apis or Rhus with a view to abort the disease.

#### II. BELLADONNA.

Belladonna corresponds to the erysipelalous inflammation itself with swelling of the neighboring ganglions; to the fever; to the

vomiting; to the constipation; to the brain and throat symptoms; to the violent thirst; to the dry tongue and lips; and to the totality of the symptoms which mark this repugnant malady. *Belladonna* is more precisely indicated in smooth erysipelas, of a brilliant red, and when the pharynx is affected and there is amygdalitis, dysphagia and photophobia. When, however, *œdema* predominates, or *phlyctenules* appear in abundance, we must think of *Apis* or *Rhus*, which may be given after *Belladonna*, or alternately with *Belladonna* according to the symptoms.

### III. RHUS TOXICODENDRON.

*Rhus* is of equal importance with *Belladonna* in the treatment of erysipelas, and many prefer to use it altogether, or to alternate the two remedies.

*Rhus* is to be preferred to *Belladonna* when the dermatosis affects the superficies rather than the substance of the dermis; when rheumatic pains complicate the disorder; when it begins on the left side and passes to the right; invades the integuments of the head and forehead, and presents *numerous vesicles or phlyctenules* and, sometimes, crusts.

### IV. APIS MELLIFICA.

This remedy is to be preferred when swelling of an œdematous character predominates, of a livid, pallid, hue, of considerable extent and occupying preferably the lower jaw and the neck; when there are little watery blisters; redness beneath the eyes, lids swollen, of a beautiful marigold color, often closed entirely; pain, burning and stinging; not usually thirst, but the mouth and the throat are covered with little blisters and sometimes with ulcerations.

*Apis* is more efficacious when used after *Belladonna* and corresponds preferably to the female sex and to children.

In vesicular erysipelas of a typhoid tendency we must choose carefully between *Apis* and *Rhus*. Dr. Clarence, of Middletown, prefers the high dilutions when the disease threatens the brain, beginning first on the right side and afterwards encroaching on the left; but when *dysuria* is well marked, with scanty, burning urine, the lowest dilutions are called for.

Dr. Schwabe of Leipzig recommends *Atropinum sulfuricum* when the symptoms which call for *Belladonna* exist in a very violent degree, with strong pulsations in the temporal artery, vehement

cephalalgias, humming in the ears, and when *Belladonna* has not quelled such symptoms. He likewise advises *Apocynum* when there appear the phenomena of depression, somnolence with sudden attacks of fear, cries on awaking and mucous complications; when there is heat and dryness of the mouth and pharynx; also when the dermatitis shows an obscure red color.

After these great heroes of our *Materia Medica* we find in erysipelas frequent indications for the following *Graphites*, *Hepar Sulphur*, *Mercurius*, *Cantharis*, *Lachesis*, *Crotalus*, *Euphorbium*, and *Bufo Sahitiensis*; secondly, *Bryonia*, *Pulsatilla*, *Veratrum viride*, *Gelseminum*, *Arsenicum*, *Sulphur*, *Arnica*, *Clematis erecta*, *Carbo vegetabilis* and *Chamomilla*; and thirdly: *Calcarea*, *Camphora*, *Phosphorus*, *Plumbum*, *Silicea*, *Hydrastis*, *Nitri acidum*, *Ammonium carbonicum*, *Aurum*, *Crocus*, *Hyoscyamus*, *China*, *Kali*, *Thuja*, *Lycopodium*, *Stramonium*, *Sepia*, etc., etc.

GRAPHITES:—Benignant erysipelas, when there is little or no fever, and when the eruption is bulbous, extending from the nape of the neck to the head; when it attacks with preference the left side; and when *Rhus* has failed.

HEPAR SULPHURIS:—This remedy is indicated for pain from excoriation, and very especially for very considerable swelling of different appearance from that of *Apis*; there is herpetic complication, burning itching, tendency on the part of the skin to ulcerate, to crack, and to prolong its troubles; the color of the *Hepar* erysipelas is darkish red, and the bones of the head are painful to the touch.

MERCURIUS corresponds to the vesicular form of the disease, and where there is pruritus this remedy is also indicated; also when the fever abounds in sweat, is worse at night; when there is present agitation, multitude of ideas, insomnia, fear, frightful visions, and where stomatitis and salivation are present.

CANTHARIS is principally indicated when the erysipelas is characterized by enormous blisters united together in groups on the face, when there is heat and a stinging burning feeling, much itching, serous exudation, and when the characteristic genito-urinary symptoms are present.

This remedy is likewise indicated when the erysipelas has originated in injurious applications of *Arnica*. *Cantharis* acts well in the high dilutions.

LACHESIS and CROTALUS are substitutes for *Belladonna*, and

are very like *Mercurius*, *Hepar*, *Arsenicum* and *Carbo vegetabilis* in their action; they are indicated in the malignant form of the disease when *Belladonna* has proved insufficient, and when the morbid process is accompanied by ataxia; the dermatitis is of a dark red or purple color; the face is swollen; there are adynamic symptoms; the eruption occupies the left side, there is aggravation after sleeping, delirium during sleep and, sometimes, when the patient is awake, cephalalgia, bloody flux; nausea, vomiting, dismay, perturbation; extremities cold and general propensity to coldness; slight fever and gangrene.

These remedies should be used in the high dilutions.

EUPHORBIVM is a precious remedy and possibly unique in its special indications; it corresponds to vesicular erysipelas of the face like *Apis*, *Rhus*, *Cantharis* and *Mercurius*; but its blisters are the size of a pea, full of yellow fluid and are found on the cheeks accompanied by angio-leucitis; the eruption appears like marks on the skin left by lashes.

BUFO SAHITIENSIS is a remedy the pathogenesis of which, together with its application in the disease, is almost unknown; it is very much in vogue in the Brazilian school not only for the eruption but (as an analogue and substitute for *Belladonna*) for the cerebral affections, and the throat troubles.

One of the forms of erysipelas in which it has shown itself more efficacious than *Belladonna* is Zona or Zoster. The indications for Bufo sahitiensis in erysipelas seem to be very extensive and wide spread, in the simple and phlegmonous variety as well as in the malignant and gangrenous, but it is more frequently indicated in the vesicular form, where there are blisters or phlyctenules.

Dr. Fernandez recommends it with enthusiasm in all cases and forms of erysipelas although more especially in the form of Zona or Zoster. He gives a low or medium dilution in such cases. Others alternate it with analogous remedies.\*

The remedies classified in the second place for the treatment of erysipelas will next be discussed, and a few of their most characteristic indications given.

BRYONIA is to be preferred when the eruption is situated upon

\*Enthusiasts on the subject of new remedies are referred to the Spanish for a more detailed account of the action of this drug.

the articulations of the limbs aggravating suffering on motion, and manifesting an exanthematous tendency to retrocession.

**PULSATILLA** is to be borne in mind when concomitant gastric symptoms, together with the sex and temperament of the patient would seem to indicate it.

**VERATRUM VIRIDE** is often alternated with *Aconite* in the early stages of the malady, having in its pathogenesis the vesicular eruption and cerebral symptoms so characteristic of erysipelas. Dr. Hughes prefers it to *Aconite* when the subjacent or subcutaneous cellular tissue is involved, constituting a diffuse cellulitis.

**GELSEMINUM SEMPERVIRENS** has a dark smooth eruption; retrocession of eruption; face heavy, swollen. and of a somber red color; prostration of the muscular forces; pain in the throat; occipital cephalalgia, tendency to convulsions.

The first dilution is to be preferred.

**ARSENICUM ALBUM**, called by Hartmann, the "Hero" of our *Materia Medica*, is a very important remedy in erysipelas and its place is held by no other where *gangrene* is present; when there is *adynamia*, excessive inquietude, together with a burning skin, cerebral disorders, and when the dermatosis appears in a threatening manner on the legs.

All potencies may be used.

**SULPHUR** is useful in weak, scrofulous persons; when the eruption is smooth, reddish, with dropsical swelling; may be used when other remedies have failed, especially *Chamomilla*, in erysipelas of the breasts of nursing women, and when the disease terminates in suppuration.

**ARNICA**: especially in traumatic erysipelas when the eruption is of a dark red color; great sensibility, fear of being touched; the left side is generally affected. The high dilutions are to be preferred. *Ruta* will often aid these cases in connection with *Arnica*.

**CLEMATIS ERECTA**: when the erysipelas has an herpetic aspect and ulcerations are formed; may be alternated with *Rhus*, *Silicea* and *Hepar sulphuris*. *Carbo vegetabilis* is very analogous to *Arsenicum* and *Lachesis* in the gangrenous forms of erysipelas and is indicated in serious cases together with them.

**CHAMOMILLA** is greatly to be preferred in erysipelas of the breasts of nursing women and is analogous to *Sulphur* in such cases.

**CALCAREA CARBONICA** has its place in vesicular erysipelas resembling pemphigus; with excoriations here and there; propensity to ulcerations, furuncles, encysted tumors, glandular indurations, varices, and arthritic nodosities.

**CAMPHORA** has erysipelatous inflammations in its pathogenesis; with the skin exceedingly sensitive to the lightest touch, blue and cold.

**PHOSPHORUS** is valuable in subjects of weak constitutions, phthisical, irritable, lymphatic, fair, blue eyed, tall, and of lively, sensitive natures; in persons weak from previous debilitating causes; when the skin is full of coppery spots from abuse of *Mercury*.

**PLUMBUM**: when the eruption is of a leaden hue, azure or yellow in color; when suppuration is easy, and there is burning pain in the ulcers, together with excoriations and exphacelus.

**SILICEA** is of use when the skin manifests painful sensibility with formicating, lancinating pruritus, eruptions similar to varicella, tumors, sympathetic abscesses, and when there are fistulous, putrid ulcers, affections of the bones, and seirrhous, cancerous, indurations; the skin has a disposition to ulcerate, to develop carbuncles, felons, ganglionic swellings, warts, and suppurating encysted tumors.

**NITRIC ACID**: when there are syphilitic complications, dryness of the skin predominating, together with urticaria, dark red spots, large furuncles, pricking like that of thorns in the ulcers, warts and encysted tumors.

**AMMONIUM CARBONICUM** when there is pruritus of the whole skin with granular, vesicular eruption after scratching; diffuse redness over the breast and back like that of scarlet fever; maculæ, heat, and pricking sensation over all the body.

**KALI CARBONICUM**: when there is excessive dryness of the skin, perspiration impossible, sensation as of a burn, or burning lancinating pruritus; reddish, burning, itching maculæ, often with exudation after scratching, reddish vesicles, herpes, warts or pimples and readily bleeding ulcers.

**LYCOPodium**: excoriations, herpetic maculæ, painless herpes, anasarca, constipation, etc. etc.

**THUJA** like *Lycopodium* and when touch alleviates all sufferings.

**HYDRASTIS** is but little used, in our\* practice, for erysipelas

\*Spanish practice.

yet we should pay careful attention to its sphere in the treatment of acute and chronic skin disease.

Dr. Guild of Santa Barbara, California, makes an infusion of two teaspoonfuls of the powdered root to a pint of hot water, and uses the same as a local application, giving internally Gels. 1x and Rhus tox 3x; with such medicaments he declares his ability to cope with erysipelas.

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## FACIAL ERYSIPELAS.

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BY DR. HAGGART, INDIANAPOLIS, INDIANA.

MR. EDITOR:—I have been a constant reader of your *Journal* for more than ten years, and of course during all that time some things have occasionally appeared in the OBSERVER that were not “abreast” of the age; but in the main your contributors have kept up fully with the onward march of our school, and from present indications the current volume will surpass all its predecessors in the promulgation of advanced ideas, and its usefulness to the profession; but I did not start out to write a fulsome eulogy of the OBSERVER, for its crowded pages of fresh and instructive matter speak for themselves, neither will I now pause to find fault with those of its occasional contributors who lag behind in the race after truth, like sluggish and disheartened soldiers who never get into camp until the main army “girds on its armor” for another advance upon the enemy’s entrenchments.

This is an age of wonderful progress and development. Perhaps, never in the history of any search after truths, has there been such surprising advancement made, as has been achieved during the past decade in homœopathy. He who now undertakes to teach the profession must not only be a *reader* but a *thinker* as well, and must be careful to offer nothing that cannot pass the ordeal of practical application, and scientific demonstration. The age of credulity has passed, and he is foolish indeed who receives with open-eyed wonder the apparently overmastering assertions of dogma hobbyists, and visionary theorists. This brings me face to face with the subject I wish to discuss. The *U. S. Medical Investigator*, of March 15th, 1880, contains a translation of certain clinique by Dr. Jousett at the St. Jacques Hospital, France, from which I cull the following,

showing how *wonderfully* things are done by our brethren "across the waters."

#### ERYSIPELAS OF THE FACE.

"This patient was seized two days before with malaise and fever, together with a slight redness upon the nose. During the period preceding this manifestation, he had had a severe coryza, which had given place to the formation of thick crusts in the nose. Several of these crusts had been torn away by the patient, leaving small ulcers, which were probably the point of departure for the erysipelas. The redness increased rapidly and soon extended to the cheeks. On the third day there was considerable swelling of the nose and left half of the face, the skin was warm, glossy and distended; touch revealed induration at the limit of the redness. There was no engorgement of the sub-maxillary glands. Pulse 108. Morning temperature 102.1° . Evening temperature 103.6° .

Fourth day. The swelling and discoloration of the skin had increased; the right side of the face was involved, the eyelids swollen. Tongue coated white. Thirst active. Treatment, *China*. 6.

Fifth day. The condition about the same with the exception of an increase of temperature. The medicine was continued, gradual improvement set in, and the patient seemed completely cured on the ninth day. But on the fourteenth day the disease re-appeared on the left side of the face. The inner angle of the eye and cheek were red. Pulse 90. Evening temperature 104° . *China* was repeated.

Fifteenth day. Disease has extended to the right side of the face, but the attack is not so severe as in the first instance. On the nineteenth day the disease, which had gradually lessened, showed itself only in a slight desquamation of the skin."

Why any special pains should be taken to translate a clinical case like this, for the delectation and instruction of the readers of an American Journal, and that too without editorial comment, is surely, to say the least, beyond the comprehension of an ordinary mind. The treatment certainly was not according to "law," considered from a homœopathic "stand-point," and was most assuredly far from being successful even, when compared with the iron and quinine treatment stumbled upon by the "old school." The average allopath, in all probability, would have brought this case through in

half the time required by our learned French colleague, and homœopathy, *properly* applied, *should* cause a cure of erysipelas of so local a nature and so slight a lesion, and no constitutional derangement other than a white coat on the tongue, (which by the way invariably presents itself in these cases), and an excited pulse with high temperature, in from three to five days. No benefit can possibly be derived from the reports of such cases. While they fail to enlighten the homœopathic profession, they place our school in a false position before the eyes of other schools, and finally act against us when it is known to the laity, that it is said by a great "light," to require *nineteen days* to cure a case of *simple erysipelas*, and a very circumscribed case at that. Why, Mr. Editor, a homœopathic physician in this city, where there are doctors of all schools to cope with, would not be able to make horse feed if he could not make a better showing than this. And I am inclined to think, judging from my knowledge of the characteristics of the French people, that they are much more patient with their physicians than their political rulers, or they would have had a change of doctors before the *nineteen days* expired.

Ten drops of Aconite tinct. in a goblet half full of water, given hourly in teaspoonful doses—interpolated with a dose of Ars. 3x trit, every four or five hours, and a compress, entirely covering the eruption, well saturated with a solution of Belladonna tinct. thirty drops to the oz. of water, soon reduces the pulse and temperature, allays thirst, and palliates the local irritation, and usually cures all such cases in a very few days. Should Dr. Jousett, or his translator J. M. Strong, M.D., doubt this statement, they can very easily verify it by testing the treatment as I have done in a large number of cases.

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AUSTRALIAN CLIMATE.—It is asserted in the "*Victoria Review*" that nine tenths of the blacks in Australia die of consumption, — a curious commentary, says the "*Medical Press and Circular*," on the practice of sending consumptive patients to Australia.

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VACATION.—One theory of Sir Henry Holland's was, that a doctor will increase his practice if he take a month vacation each year.

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NO MORE BALDNESS.—Pilocarpin is said to be an infallible remedy for this "complaint."

## *Gynaecological Observations.*

C. S. MORLEY, M. D., PONTIAC, MICHIGAN, EDITOR.

### CHRONIC CERVICAL ENDOMETRITIS AND AREOLAR HYPERPLASIA.

BY ELIAS C. PRICE, M.D., OF BALTIMORE\*.

With your permission I will devote a short time to the discussion of some obstinate uterine affections, and the remedies I have found most useful for their relief. One of the diseases to which I allude is chronic cervical endometritis, and the other areolar hyperplasia or diffuse interstitial hypertrophy of the uterus of Prof. T. Gaillard Thomas, commonly called chronic inflammation of the uterus. The two diseases are often associated together, and at times they are accompanied by a third, which is much more painful than either; viz: dysmenorrhœa.

I will not occupy your time with a detailed account of the symptoms, for that you can read at your leisure in the various works on diseases of women.

You all know that the provings of remedies on females have been comparatively meagre, consequently the success of the ordinary homœopathic practitioners in this class of cases has not been as brilliant as in some other cases; the disease often dragging its slow length along for months and even years. Generally when the case comes into your hands the acute symptoms are over, and the time for quick acting remedies has passed, you have now to deal with tissue changes, and tissue remedies must be employed. The most prompt and powerful according to my experience, has been the continued galvanic current.

CASE.—Mrs. R. had an abortion about two weeks before Christmas 1878, when came an attack of pelvic cellulitis followed by a discharge of pus per vaginum. There was a constant dark, sanguineous, sometimes stringy discharge which having passed through various changes, finally presented the appearance of snuff, mixed with mucus. Crocus, Nitric acid and other indicated remedies failed to control it. An examination was proposed, but deferred from time to time waiting for a slight cessation. On the 20th of

\* Read before the Maryland Homœopathic Medical Society, Nov. 10th, 1880.

April an examination revealed the following condition: os large and patulous, could insert the end of my index finger, and from it was hanging a quantity of tenacious, snuff colored mucus, cervix and body of uterus enlarged and exquisitely tender to the touch of the sound, uterus low down and partially retroverted. The uterus is fixed in that position by the previous inflammation of the cellular tissue. One application of the continuous current as directed by Dr. John Butler, stopped the discharge of blood at once, four or five applications reduced the size of the os to its normal dimensions, greatly reduced the enlargement and relieved the sensibility, and the patient was like a new woman.

For the various modes of applying the battery in these diseases I refer you to the second edition of Dr. Butler's work.

The Iodoform pencils recommended in the Hom. Jour. of Obstetrics, by Dr. E. M. Hale, of Chicago, I have found to be very useful in a few cases, but in some cases they produce so much pain they cannot be tolerated.

Dr. Hale first recommended them in an article to the Massachusetts Surgical and Gynæcological Society. He says "Gentlemen: I am compelled to a consideration of the subject of this paper, on account of its importance, as well as the fact (which may or may not reflect on my skill as a homœopathic practitioner) that I have not been successful in the treatment of this affection by means of medicine given internally. It is well known that I have for many years given diligent study to the medicines which constitute our *Materia Medica*. Especially have I studied those which have a specific affinity for the uterus."

"Where leucorrhea has its origin in the vaginal or cervical canal, and is due to mechanical irritation, or an acute catarrh I have had but little difficulty in removing it, by the properly selected remedy aided by the evident hygienic rules. But it has been otherwise when the discharge arises from the walls of the uterine cavity above the internal os."

It occurred to Dr. Hale several years ago "to have flexible bougies made of some material like gelatine, with which could be incorporated appropriate medicinal substances." He says: "I proposed and suggested this to several chemists, but found none who had the ingenuity to manufacture a suitable article until I met a Ger-

man chemist, Mr. Arend who succeeded by mixing gelatine with glycerine and incorporating the mass with such substances as I desired." Dr. Linderman has succeeded in "masking the odor of iodoform by adding two parts of the balsam of Peru to one of the former." Dr. Hale discussed the question whether the membrane lining the uterine cavity is a true mucous membrane, says both cervical and uterine leucorrhœa are glandular diseases. "The former, arises from the glands of the cervix, the latter from the utricular follicles." "The discharges from the uterine cavity, while resembling cervical leucorrhea in being glairy and tenacious, is less so than the cervical. It differs from it in being more or less mixed with blood so as to present a rust color appearance. In some cases it is milky and may be mistaken for vaginal leucorrhea, unless we use the speculum as a means of diagnosis. In many cases it is purulent. It is often irritating to the vagina, causing itching, burning, and is actually corrosive. This characteristic I have found in the majority of cases and when so, it is very rebellious to ordinary, general, or local treatment." Dr. Hale recommends the Iodoform pencils in endocervitis and endometritis, in dysmenorrhœa and scanty menses, says they should not be more than the one-eighth of an inch in diameter and sometimes only one tenth of an inch. He says in some cases when the uterus is flexed, "when it melts it collects in the most dependent portion of the uterus, and causes violent pains such as arise from collections of blood or secretions in a flexed uterus. A few such cases which caused me much anxiety and annoyance, induced me to adopt the plan of attaching a fine cord to one end of the pencil and leave it hanging out of the vagina, so that the patient could withdraw it when it begins to cause pain." I use No. 10 Coates cotton.

Having some cases that I thought would be benefited by the use of the iodoform pencils after vainly attempting to have them manufactured in Baltimore, I sent to Chicago and obtained a supply. I vainly endeavored for about an hour one afternoon to insert one; in consequence no doubt of my awkward manipulation my hand was continually in my own light, as soon as the pencil became moist it stuck to the forceps like a leech. After I had become exhausted and the patient even more so, I asked myself the question, what do I want? A repositor, yes, that is it! and Willms can make one!

In a few days he had made one, and here it is, a hard rubber instrument very much the shape of a female catheter only a little longer, a little thicker and with a very little more curve; it is about seven inches long, five sixteenths of an inch in diameter, with two rings large enough to pass the fingers through near the upper end, and a whalebone piston, with a button on the end, to be operated with the thumb, the palmar surface of the hand being upwards, the hand is entirely out of the light. If the uterus is very much retroflexed and adhesions have taken place so that you cannot replace the organ, you will have to reverse the instrument so as to make its curve correspond with the curve of the uterine cavity, or else you will give the patient a great deal of pain, and sometimes the point of the pencil will bend back and come out, and you will find it lying in the vagina. Sometimes they have a very happy effect in relieving the discharge and also the size and sensibility of the uterus. When the leucorrhœa is very stringy and tenacious Dr. Hale sometimes uses instead of iodoform, muriate of hydrastis. A cotton tampon moistened with glycerine should be placed against the os, to prevent the pencil from slipping out. Dr. Hale recommends that the pencils should be introduced every four days and allowed to remain until they melt.

For dysmenorrhœa he introduces them either the day before or on the day of the appearance of the menses; if not melted withdraw them when the menses appear.

#### CONSTITUTIONAL TREATMENT.

I do not propose to give you the indications for the polychrests for they are as familiar to you as household words. I will bring to your notice some remedies not so generally known.

The remedies recommended by Dr. Hale "for true intra-uterine leucorrhœa," especially when bloody, sanious, corrosive, or purulent are *Ars.* and its compounds, especially the iodide; *Aurum*, especially the arseniate, *Phos.*, *Merc. corr.*, Nitric acid, *Sepia* and *Borax*.

Dr. Ludlam classifies the remedies as follows:

If there is ovarian irritation, inflammation or derangement.

If some menstrual embarrassment or difficulty.

For digestive complications—for those which implicate respiration.

For symptoms connected with the local and general circulation.

For nervous symptoms, hysteria, &c.

For vesical symptoms.

For rectal symptoms.

He recommends in all, eighty different remedies for chronic cervical endometritis.

I can say with Jahr in his 40 years practice when speaking of leucorrhœa, that there are but a very few remedies that I have much confidence in, in the treatment of the disease under consideration, and we all know that the treatment of simple catarrhal leucorrhœa is a very different thing from what we are now discussing.

Several years ago I treated several cases of sanguineous leucorrhœa without making an examination to see where it came from, but according to Hale must have been uterine, with Cocc. 2x and China 2x or 3x in alternation, one or two prescriptions was generally sufficient to cure, in later years I have used Cocc. 2x or 30 centesimal alone, with equal benefit.

I have used the Iodide of Arsenic 2x trit with excellent effect, other remedies recommended are Sepia, Graph., Sulph., Merc., Senecio, Copaiva, and Puls. Kali bichr., and Muriate of Hydrastis ought to be first-class remedies.

#### AREOLAR HYPERPLASIA.

In congestive chronic enlargement of the cervix and displacements of the uterus, I have used for several years the second decimal dilution of Aurum muriaticum natronatum, 5 drops in water three times a day in several cases with complete success. A very interesting article will be found in the Hahnemannian Monthly vol. XII, page 511, by Dr. Tritscher. Translated by Dr. S. Lilienthal.

It appears to act equally well in cases of either induration, atrophy or softening of the cervix uteri. If there is a syphilitic taint gold is the more certainly indicated.

The next remedy in importance to gold in the treatment of Areolar Hyperplasia, and sometimes indeed superior to it, is Ferr. jod. 2 or 3x trit. I likewise give this remedy three times a day. It is generally the first remedy I think of in chronic enlargement of the uterus, if the uterus is displaced and bound down by adhesions, the patient will often have the dysenteric tenesmus of Merc., the uterine bearing down of Bell. or the vesical tenesmus of Canth. Ferr. jod. has several times in my hands removed the chronic enlargement,

and with the return of the organ to its normal size the other symptoms have also disappeared. See article by Dr. Preston, Philadelphia Jour. Hom. vol. I, page 462 or a pamphlet by Dr. E. M. Hale, on Retroflexion and Retroversion of the uterus, 1864.

In the British Medical Journal, vol. XXXVI, page 194 I find an article by Prof. R. Ludlam, reprinted from the New England Medical Gazette, on the use of Tartar Emetic as a remedy for chronic corporeal cervicitis. Dr. Ludlam gives it in the 3x trit 3 times a day: he recommends it here very highly and gives a clinical case cured with it, though in his book in the 3d and 4th edition he says nothing about it. I gave it in one case in the second trit. but was disappointed in the result, perhaps I did not give it long enough.

I have never tried the Arsenite of gold.

Here too, Marion Sims remedy, the tampon of cotton and glycerine, has a good effect.

I do not think the Iodoform pencils are as useful in this disease as in cervical endometritis.

Ziemssen and Tait have nothing to recommend in either disease but local treatment.

Thomas recommends tonics.

Since writing the above I have obtained Dr. Morton Monroe Eaton's new work on "Diseases of Women" and also Dr. E. M. Hale's new work on Diseases of Women, Sterility and Dystocia; neither of them mentioned either Gold or Ferr. jod. in the diseases in which I have used them.

I have not a doubt, that an exhaustive proving of the remedies I have mentioned, would develop symptoms, similar to those that I have seen them cure.

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A DESPERATE CASE.—The "*Wiener Med. Wochenschrift*," 1880, gives the following: A poor woman in Prishtina, not far from the Servian frontier, was in the pains of labor for three days, but to no purpose. In her perplexity she seized her husband's razor, cut open her abdomen and uterus, and got a neighbor to sew her up again after the removal of the child! And now, after several months mother and child are doing well.

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SEATS FOR SHOP GIRLS.—Ninety houses in Dublin, within the last year, have provided seats for their feminine assistants.

## Surgical Observations.

PROF. H. F. BIGGAR, A. B., M. D., CLEVELAND, OHIO, EDITOR.

### THE LITHIC DIATHESIS.\*

BY J. G. GILCHRIST, M. D., DETROIT, MICH.

I. *Rational signs*: Surgical diagnosis has always taught that subjective phenomena, being, for the most part, capable of much modification by individual idiosyncrasies, and of impossible verification apart from the intelligence and honesty of the patient, are to be taken *cum grano salis*. In the case of stone this is eminently true; there is no man living, no matter how clear and pathognomonic the symptoms may be, who can unhesitatingly pronounce on the existence of stone in the bladder without interrogating the physical groups. There is hardly a symptom among the subjective array, that is not occasionally wanting, and is capable of such distortion that it bears no resemblance to the typical form. With this warning we are prepared to consider the symptoms as they ordinarily appear. We may divide them into two groups: (a) the premonitory; and (b) actual.

(a). The *Premonitory* symptoms do not occur in every case, attending the formation of stone in the kidneys, and its passage to the bladder. The agony attending this process has already been alluded to; and when the journey has been completed, the repose and quietude that results will lead the uninfluenced into a dangerous security. As long as the stone remains small enough to pass the urethra, there may be no further suffering, and the chances are decidedly in favor of its being discharged with the urine. When it passes this, and becomes too large for the calibre of the urethra, then the peculiar symptoms appear. This period, as a matter of course, will vary greatly; the age of the patient, the nature of the stone, and his bodily condition will all much modify it. In some cases a week will be amply sufficient, whilst in other cases a renal stone, particularly when oxalic which has been carried to the bladder in childhood may remain until middle life without causing any inconvenience, or inducing any of the ordinary symptoms of stone. At other

\*Continued from page 460, Oct. 1879.

times the stone may have become lodged in some cavity of the bladder, in the folds of the mucous membrane, or remain partly within the ureter or prostate, and in some sudden or unusual physical exertion may be thrown out, and symptoms of stone be then suddenly produced. The period of quiescence, therefore, between the premonitory symptoms (when there are any) and the actual, is of indefinite duration, depending upon so many modifying influences.

Even with the (*b*) *actual* signs, we may note much variation. The first symptom, usually, is a feeling of weight in the perineum or anus, with perhaps some heat and dull aching pain. These symptoms resemble both prostatic hypertrophy, and hemorrhoids, and we must make a physical examination of the parts to differentiate properly. We will also observe in many cases, that there is not any disturbance in the rectal functions, and may be led to suspect a vesical irritation from that fact. There is occasionally a sense of rolling in the bladder on changing the position from side to side, but when the stone is encysted this symptom will be wanting. Next in importance comes the accession of pain. In the majority of cases this will gradually increase in intensity, until in the later stages it is often exceedingly intense.

POLAND (HOLMES *System of Surgery IV 1034*), mentions two cases, one of a blacksmith at Amsterdam, and another a cooper at Königsberg, in which the agony induced the performance of self-lithotomy. While the pain is quite a constant symptom of stone, yet cases occur in which it is either altogether absent or so trivial that it escapes the notice of the patient. There is much variation also, in the *seat* of the pain. Ordinarily it is most acute in the region of the bladder, or vesical appendages. In many cases it is modified as an intense itching in the meatus, the tip of the glans, or the prepuce. This is such a constant symptom, that when we find a preternaturally elongated prepuce in children, without phymosis, caused by constant pulling at it to reduce the irritation, we are led to suspect calculus. In a large number of cases, the pain is felt at a distance from the bladder, in obedience I presume, to the law that irritation of a nerve trunk will communicate pain at the peripheral termination. Other cases are quite singular, that cannot be accounted for in this way, and the vague and unsatisfactory term "sympathy" must be our only explanation. Thus HUNTER (*Works* ed. by PALMER, I p 321) men-

tions the case of the father of Lord Cavendish, who had all the pain in the left arm, and this was the sole indication of a want to urinate. Others, according to POLAND (*loc cit*) have had the pain in the "soles of the feet, with numbness and tingling." There is also much variety in the continuity of the pain. In general, I believe, the greatest suffering is at the close of the act of micturition, which act, by the way is *suddenly* arrested—which is due to the lodgment of the stone at the neck of the bladder, being carried there with the urine. At other times the pain is constant, being much aggravated by motion, particularly when of a violent character. When the pain is continuous, it is chiefly felt in the bladder, near the neck particularly, in the scrotum, testes or thighs, the external genitals being much shrunken, and the scrotum drawn up.

While pain must always prove a highly important element in diagnosis, it can readily be seen that it may be quite delusive; there are other features that must not be forgotten. Thus, pain may suddenly cease, and signs of stone pass away, inducing the belief that a spontaneous cure has been effected. This is accounted for by the stone becoming encysted, or engaged beneath the prostate. MORAND (*Journal of Acad. of Sciences* 1740 Paris) reports a case in which a stone was undoubtedly detected by the sound, but soon all symptoms passed away, and he thought he was in error. The patient bequeathed him his body, as he said "to teach him a lesson; but on post-mortem examination three calculi, of the size of apricot stones were found on one side of the bladder." The opposite condition of so sudden invasion of pain, has been alluded to elsewhere. The pain, however, in most cases seems to be connected with the act of micturition, and when there is no urgency to urinate, the pain is absent or trifling. Thus in paralysis we have no pain, while in gouty subjects it is excessive, and the patient will beg for relief by an operation. We will conclude, therefore that the pain is of little value in diagnosis, except as directing the attention of the surgeon.

*Urination*, is of interest, as a possible aid to a correct diagnosis, and presents many abnormalities. Early in the stage of formation, before the stone has attained any remarkable size, the frequency of urination may be much increased, but there are no other peculiarities. Later the act becomes painful, the urging almost constant and the greatest suffering is caused by efforts to expel the last drop.

This is due to two causes: one, from the stone being carried to the neck of the bladder by the stream of urine; the other by the contraction of the bladder upon the stone. When the stone is comparatively small, and perfectly free in the bladder, the stream of urine which flows without effort, is suddenly checked, and much straining will be required to re-establish the flow, or a change of position may be needed. Of course when the stone is encysted, most of these symptoms will be wanting, unless it be the pain from contraction of the bladder. In such cases, however, we are liable to have hæmaturia, but it is only at the close of micturition.

The urine itself, as in the case of renal calculus spoken of earlier, as a rule will present little evidence of calculous disease, but oftener resembles cystitis or cystorrhœa. It will frequently be found loaded with pus, mucus, or albumen; of a dark color, acid or alkaline reaction, according to circumstances; and present many indications of decomposition. Sometimes, in those exceptional cases in which the stone is of such size as to fill the bladder, there will be incontinence, but nothing in its appearance or character can cause a suspicion of the true state of the case.

Finally, as to the rational symptoms, the rectum and sphincter may partake in the general derangement and irritability, and we find prolapsus, involuntary or frequent defecation, and the passage of fæces with the urine, frequent accompaniments, particularly in old persons and young children. In all typical cases, I think there will be experienced a feeling of weight in the rectum, and more or less tenesmus and frequent fruitless efforts at stool.

As the stone increases in size, the symptoms will become more and more urgent, colliquative diarrhœa; profuse sweats; derangement of appetite and digestion; sleeplessness; and constant agonizing pain rapidly wear out the patient. The urine can only be voided when lying down, sometimes in one position, sometimes in another, and from the constant irritation and urging to make water, the loss of sleep, and constant suffering, all the functions of life become disordered, and the sufferer becomes a pitiable object indeed. Death finally closes the scene, unless the *vis medicatrix naturæ* steps in to the rescue, and expels the stone by the rectum, vagina, or perineum; by ulceration or abscess, which has occurred more than once.

# Translations European Journals.

PROF. S. LILIENTHAL, M. D., NEW YORK CITY, EDITOR.

## BLOODLESS TREATMENT OF SMALL TUMORS.

BY DR. DOHRN.

Dohrn recommends the introduction of a ligature through the tumor, or where it is of larger size a double ligature in the form of a cross; whose ends are tied together at the top of the tumor. Such treatment causes very little reaction and the patient is able to attend to his business. Especially when the tumor is situated on the neck or face, and where scars may disfigure, such bloodless treatment is of the utmost benefit.—*Allg. Med. Centr. Zeit.* 2, 1880.

## SENILE KIDNEY.

Sadler examined the kidney of 28 old people, who died from different acute and chronic diseases and found in 26 atrophy, mostly of both kidneys; which in some cases have lost two thirds of their volume. The cortical substance is the one chiefly affected, showing the lesions of interstitial nephritis. Senile atrophy seems to stand in connection with the atheromatous process of senility and is a sequela of the atheroma of the renal arteries. The senile kidney differs from interstitial nephritis by a change in the quantity of urine and by the absence of albumen. The œdema, present in some cases is caused by cardiac circulatory disturbances; uræmic symptoms are never observed and the hemorrhages can be explained from the atheromatous state of the arteries.—*Gaz. des Hôpt*, 132, 1880.

## ON A VARIETY OF THE POSTHEMIPLEGIC PHENOMENON SO FAR NOT DESCRIBED.

BY J. GRASSET.

As posthemiplegic phenomena we consider contractions, and the tremors during rest as in paralysis agitans; and the tremors during intended movements as a multiple sclerosis as contractures, chronic, appearing during rest. Grasset also observed atactic contractions showing themselves during intended movements. This happened in a case where after repeated apoplectic attacks right-

sided hemiplegia and aphasia existed. The right hand remained perfectly quiet during rest, but as soon as he wished to take up a lead pencil, the fingers took on irregular contractions which prevented the patient from writing. There was nothing like it on other parts of the right upper extremity. No contractures and no increase of tendon-reflex. When patient extended the right hand with outstretched fingers, slight oscillatory movements could be observed. Closing the eyes did not increase the ataxia in the movements of the right hand. The autopsy revealed softened foci on the anterior part of the left capsula interna.—*Progres Med.* 46, 1880.

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## ON THE DILATATION OF THE RIGHT HEART OF GASTRIC ORIGIN.

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BY DR. DESTUREAUX.

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1. Dilatation of the right heart may appear under the influence of simple gastric states.

2. It may follow dyspeptic, renal, pulmonary and cardiac disturbances.

3. It seems to develop itself especially through the vagus; which carries the irritation reflectorily to the lungs; this causes an inhibition in the pulmonary circulation, hence a dilatation of the right heart, changeable in its intensity.

4. The prognosis is generally favorable as it does not last long.

5. A pure milk diet is its sole remedy.—*Gaz. Med. de Paris*, 41, 1880.

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## ON THE TREATMENT OF PSORIASIS WITH BATHS OF CORROSIVE MERCURY.

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BY DR. VOSS.

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Voss treated five cases of inveterate psoriasis with baths of corrosive mercury containing a solution of Hydrarg. mur. cor. 3, 5 and Ammon. mur. 7, 0, to each hot bath of 27–29° (a little over 90° F) and the patient remains in his bath 30–40 minutes, 32–48 baths sufficed for a case, the patient taking daily his bath. Such treatment is clean, relatively short, has no evil secondary effects and does not prevent the patient from following his occupation.—*Centrl F. Klin. Med.* 36, 1830.

## ON SYMMETRIC NEURALGIA IN DIABETES.

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BY DR. WORMS.

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There is a neuralgia peculiar to diabetes, characterized by its seat in two symmetrical branches of a nerve, so far especially observed in the nervi dentales and ischiatici. Such neuralgia seems to be more painful than others; they do not yield to usual treatment and keep up in proportion to the quantity of sugar in the urine. They belong to the diathetic neuralgia, as also observed in arthritis, chlorosis and lead intoxication. Whether caused by changes in the nerve itself or in the neurilemma, produced by the glycosuria, is still uncertain.—*Gaz. Med. de Paris* 40, 1880.

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HOT WATER COMPRESSES IN TETANUS AND TRISMUS, BY DR. C. H. SPOERER.—In three cases of trismus and tetanus compresses wrung out of *hot* water and applied to occiput and spine dispersed spasms in a short time and they did not return.—*St. Petersburg Clin. Wochschrft* 38. 1880.

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ON MILK-DIET IN CARDIAC DISEASES, BY DR. POTAIN.—Milk diet is especially useful in hypertrophies and dilatations of gastric and renal origin. It gives the needed rest to the stomach and kidneys, if carried out absolutely and for some time. It is also useful in reflectory palpitations, originating in the stomach. In dropsies the diuretic action of milk is useful, especially when caused by secondary renal affections or by an intercurrent inflammation of serous membranes.—*Gaz. der. Hopitaux* 106, 1880.

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STERILITY FROM A CAUSE LITTLE KNOWN BY DR. CHARRIER.—Charrier publishes, in the *Bulletin Therapeutique*, two observations of women well formed and of excellent health, married to strong and sound husbands, and still after years marriage they were without issue. Both ladies suffered from an acid uterine discharge, as the speculum showed. Liegeois and Byasson proved that such an acid discharge arrests the movements of the spermatozoa whereas alkaline solutions increase it; and both ladies were advised to take internally daily 2 glasses of Vichy water (Celestins-spring), also to use Vichy water for injection per vaginam and to take alkaline baths. Another valuable injection is: water, 1 liter, a white of an egg, phosphate of soda, 59 grammes. After six weeks' treatment both ladies conceived, and their uterine discharge was alkaline.—*L'Art Medical*, Aug. 1880.

# Practice of Medicine.

BY C. P. HART, M. D., WYOMING, OHIO, EDITOR.

## CLINICAL NOTES.

BY JOHN HENRY, M.D., SELMA, DALLAS COUNTY, ALABAMA.

### NITRATE OF AMYL.

In the *North American Journal of Homœopathy* for February, 1876, page 258, Article XVIII, we found Father Hering taking a most advanced stand for liberalism in homœopathy. *Euthanasia*. He began in this manner.

“*Our aim* is not only to heal the sick, but it is also our great mission to prevent sickness, and in cases absolutely incurable, it is still left us as a holy duty to lessen the sufferings.” “In cases dying of consumption a few teaspoonfuls of strong coffee without milk may relieve. In many cases Sulphuric Ether poured out on plates to fill the room with its odor may be the greatest relief in the agony of death. Smelling sweet spirits of nitre may be very useful in relieving the sufferings of the dying.” Something similar to Glonoin was produced in 1866 and has given us one of the most important palliatives, the Nitrate of Amyl. “We have now what we wanted and it has to be introduced even at the risk of its abuse like Aconite and Arnica. It is an indispensable, absolutely necessary alleviation in cases which we can sometimes help but never can promise a cure, as in those of angina pectoris, organic diseases of the heart, epilepsy, etc.” It is applied by inhalation, and according to the latest reports it has not done any harm even where the dose had to be increased. “It has not like alcohol made people go to the other world in a drunken state, nor like opium sent them there like maniacs.” Nor like all other palliatives of the old school produce a state of drug poison. “All that we ask now is that it may be obtainable in every homœopathic pharmacy in glass tubes or bulbs hermetically sealed. The old school doctors have taken from us dishonestly, let us take from them honestly.” I am truly glad to see this remedy so highly endorsed by the father of Homœopathy in America. I have used it for the last five years, I have given it in most painful diseases of the head, ear and eyes with a tendency to paralysis. In gastralgia I have seen two cases of trismus nascentium of children

get well from taking Nitrate of Amyl which was not the case under any other remedy in twenty-five years of active practice. For children the prescription is R. Nitrate of Amyl., gtt., iv, water oz. v., dose teaspoonful every half hour to four hours; for adults R. Nitrate Amyl.. gtt. viii, water oz. v, teaspoonful every two to four hours. I hope other physicians will use the remedy in trismus of children as it is the only remedy that seems to have the least influence in the disease. I have used it largely in traumatic tetanus in man and beast without the least perceptible effect.

COCHLEARIA ARMORACIA.

(*Horseradish.*)

Dr. Smyley; old school physician, first called my attention to this remedy in milky or chalky urine of children. He said in practicing in the country his attention was frequently called by the mothers to this condition of the urine of young children, failing with all the common remedies to cure, an old lady told him it was nothing to cure. She said she never failed *to cure* it with horseradish cut up fine, in good gin, a teaspoonful three or four times a day. It is a specific for this kind of urine, it also cures white mucous urine of the adult and the aged. From the report of A. Hilger, of the mineral constituents of horseradish I would judge it was very good in diseases of the kidneys. 100 parts of the ashes of the root consists of 10.57 lime, 3.91 magnesia, 0.21 soda, 41.47 potassa, 0.95 oxide of iron, 1.58 hydrochloric acid, 16.49 sulphuric acid, 11.62 carbolic acid, 11.52 phosphoric acid and 1.48 silicia acid. "Horseradish when taken in the stomach promotes the secretions, especially that of urine. It is employed in dropsy, palsy, chronic rheumatism scorbutic affections and hoarseness."

ARALIA.

(*American Spikenard.*)

This is a domestic remedy much used in the New England States. From a lady from one of these states I learned its value in the curing of chronic otorrhœa after scarlet fever and measles, after I had failed to cure with Pulsatilla, Bell., Mercurius sol. Aurum, Calc. carb., Hep. sul., Silicia, Sulphur, After using the Aralia boiled in honey and dropped in the ear the cure was quick and speedy.

## HYDRARGYRI SULPHAS FLAVA.

*(Turpeth Mineral.)*

Prof. Fordyce Barker, of New York recommends Turpeth Mineral above all others in croup. He has treated thousands of cases with this remedy without a single failure. His prescription is: R. Turpeth mineral xxiv grs., powders xii, dose one powder every fifteen minutes until it vomits. They are good croup powders to keep in a house with Aconite, Spongia, Hepar sulph. As old women must have the child to vomit. They are pleasant, have hardly any taste. They save a Dr. from getting up at night, he can always send them to a croup case with confidence, they will please the parents by vomiting the child. Then comes in Aconite, Spongia Hep. sulph., to finish the cure.

## KREASOTE (WOOD.)

I have found this remedy to act well in chronic throat disease. Chronic and acute diseases of the tonsils. Consumption, stringy expectoration. Pains in the small of the back, more on the left side. In chronic hypertrophy of the tonsils with the antipsoric remedies, Calcareo phos., Baryta carb., or Baryta iodide. I have cured some long standing cases. Aconite root tinct. xii gtt., water in 4 oz. acute tonsillitis, alternated with Kreasote (wood) gtt. iv., Alcohol drms. iv. gargle three or four times a day, renders great relief. A teaspoonful to a half teaspoonful can be taken in acute cases four times a day. In chronic night and morning, in bed without any water. Ten grains of the 1st and 2nd trituration of the Phos. lime., Baryta carb., or Baryta iodide may be given in acute cases every two or four hours, in chronic cases two or three times a day. No water should be used in taking the Kreasote, in chronic diseases of the throat: it is always best to give it in alcohol.

## BENZOIC ACID.

According to Von Grauvogl vol. II, page 8. He says "We should properly distinguish between Benzoic acid and Benjamin Flowers. Dr. Jeanes the first prover as well as others first used the flowers as early as 1838. The proving of Benzoic acid was published in the Transactions of the American Institute of Homœopathy in 1846, and by Hering in 1854. According to homœopathic and allopathic authority, Benzoic acid from the teachings of our master

Von Granvogl has wonderful curative action in urinary derangements. Rademacher recommends it in pneumonia and asthma. V. Granvogl says the more this remedy is used in gout the more it will be praised. I have used Benzoic acid with remarkable success in cystitis of the aged, and in young girls from three years to ten years of age: In Phosphoric acid, Tinc. Cantharides, Apis mel., Muriate Tinc. Iron, Benzoic acid and Bromide of Ammonia, we have a class of remedies that can be relied on in the treatment of most diseases of the kidneys, bladder and urethra.

#### PICRIC ACID.

Dr. Charrier in the *Courier Medical*, and republished in the *St. Louis Medical Brief*, page 292, 1876, recommends the using picric acid in solution as a cure for sore and chapped nipples. It is used in the following manner: it must be chemically pure, free from soda, two solutions of different strength are prepared. The first one concentrated. Picric acid drms., iii, dissolved in two pints of water, the second or weak solution contains xvi grs, of acid to same quantity of water. Before using the acid wash the nipple well with warm water. Then once a day in the morning use the concentrated solution, with a camels hair pencil dipped in it, passed over the chapped and inflamed parts, and each time after the child has nursed, the nipple is immersed during three or four minutes in a small glass filled with the weak solution. In from twelve to twenty-four hours the sharp pains from suckling begin to disappear, it averts phlegmons and abscesses of the *mammæ*. I have used it as recommended with success. It is the best remedy to harden the nipples before delivery, Dr. Richardson in his *System of Obstetrics*, page 400, recommends astringents, Brandy, Arnica or Alum and about 17 other remedies all of which I have used without giving as speedy relief as the Picric acid.

#### ATROPIA.

Prof. H. C. Wood in his lecture on the treatment of Opium poisoning says Atropia should be employed not as an antidote, but as a remedy, where the respiration is failing, precisely as alcohol is used where the circulation is failing." He uses the alkaloid hypodermically, in very small and repeated doses: as the respirations begin to grow less frequent it would be proper to exhibit the 1-60 gr., every half hour until the breathing is better or the dilatation of the

pupil warned us that we were approaching the dangerous point. "The golden rule is, give the least possible quantity that will produce the required effect."

Prof. Yandell, of Louisville, Ky., recommends this remedy very highly in the treatment of epilepsy. His prescription is R. Atropia ii grs., water oz., ii. Dose ten drops only at night. He gives large and increasing doses of Bromide of Potassa three times a day. He reports a large number of cases cured. I have verified the truth of his statement in the use of the two remedies as recommended by him. Bromide of Ammonia is best I think for women and children. I wish particularly to call the attention of the profession to the use of this remedy as recommended through the Ga., Medical Record, page 23. January 1st, 1873, by Dr. Williams, his prescription for neuralgia of the ear, pain in the ear is: Atropia, grs., iv, to grs., vi., water 1 oz., drop in the ear every hour until cured. I add a little glycerine drs. ii, to water drs. vi. The Dr. says it is a specific giving almost instant relief. I drop it in the ear every twenty or thirty minutes, it is the quickest cure I have ever used. I always give Pulsatilla tinc. x, gtt., water oz. iv, teaspoonful every half hour according to the severity of the pain. I believe in appreciable doses of the homœopathic remedy as indicated by a few well marked symptoms of this disease, similar too or corresponding to similar symptoms of the remedy, which should govern us in the treatment of all active acute disease. The sooner the homœopathic profession takes a bold stand for large and appreciable doses of homœopathic remedies as indicated by a few well marked symptoms, demanding the culling out of a large amount of trashy symptoms which we are forced to read in our Materia Medica, bewildering the most retentive memories of our enlightened and practical physicians. Then, and not until then will our system of practice adapt itself to the progressive wants of this nervous and enlightened age of quick telegraphic action in all departments of human life. The American people are like our Jewish friends they must have an action on their bowels or every thing is going wrong with them. To satisfy this whim, let our practice allow them a beautiful granule or powder of Podophyllin or a sugar coated pill of Nux vomica  $\frac{1}{4}$  gr., Podophyllum  $\frac{1}{4}$  gr., Hyoscyamus i gr. Give at night. This compound will generally open the back door of the gentile and jew alike, giving great

satisfaction to the mental condition of our patient, and not injuring the cause of homœopathy in the least. Hahnemann is the father of all the systems of pleasant medicines. We see that the modern eclectics and progressive allopaths requiring all that is beautiful and pleasant in the practice of medicine. Look at their beautiful medicine cases, pocket and buggy, their vials, their tinctures, their granules and powders, their pilules, their sugar coated pills. Their giving Tinc. Aconite gtt., vi to x, water oz., iv. Tinc. Nux vomica qtt., vi to x. Tinct. Pulsatilla gtt. vi to xx, water oz. iv, dose teaspoonful every one to four hours. Where do they find the indication of such practical remedies as is now suggested through their journals as new and specific from Hahnemann, Hartmann, Trinks, Greeslich and the early fathers of homœopathy. Our school must take a bold and fearless stand in the advocacy of the homœopathic law of cure *Similia Similibus Curantur*, coupled with Hahnemann's *psora* doctrine, and remedies designated, "antipsoric to be used in the treatment of chronic diseases. We hear much about Zymosis which treats of the cause of mycetic theory which ascribes the origin of many diseases to the lowest forms of parasites. Is not itch caused from a parasite? Whether we use our medicines in large or small, simple or compound doses, all cures are produced by the similarity of the symptoms corresponding to the symptoms of the remedy.

## EDITORIAL NOTE.

Dr. Henry has probably felt slighted because we retained above so many months without printing. We do owe him an apology. At the same time we must remark that on first reading we did not notice the valuable hints which the article contained. Our eyes settled quickly upon several objectionable things and this induced us to hold it in reserve for fuller examination. The points that appear to be more than doubtful are: the propriety of the use of gin with horseradish: which cured? vomiting of children with croup, this we practiced when an allopath but now cure all our cases without resort to it. In a practice of near a third of a century we have not found it necessary to resort to an emetic in a single instance, except in case of poisoning. As to cathartics we do not resort to them in one case in a thousand, and we do not believe in catering to the preferences of the sick in relation to what shall be done for them. "I have sent for you to bleed me." "Sir: I do not bleed to order. If you want to put yourself under my charge to prescribe for you according to my judgment all right, otherwise I cannot do anything for you."

E. A. L.

## Book Notices and Reviews.

Any book noticed in these pages will be furnished from OBSERVER office on receipt of the published price, and mailed pre-paid.

*FROM DEATH INTO LIFE: or twenty years of my ministry, by Rev. W. Haslam. New York, D. Appleton & Co. 12 mo. For sale by Thorndike Nourse, Detroit.*

The change from high church ritualism to romanism is not unusual, but from puseyism to evangelical religion is very rare. Such a conversion is recorded in this book. The narration is extraordinary and interesting.

The chapter which refers to Billy Bray gives an account of one of the best instances of child-like faith that it has ever been our privilege to read. The author has been in the ministry nearly 40 years, of the first twenty we have the narrative in this work; the remaining years have probably not been as eventful, but we trust he will not fail to give the history in another book.

*THE PONTIAC GAZETTE—Pontiac, Michigan. Conducted by Kimball & Turner, owners. Weekly \$1.50 per year.*

This is the official paper of Oakland county, now published with new type and presenting the best appearance of any paper in the State, not excepting the daily and weekly papers of Detroit. It is ably edited. We notice its admirable arrangement of different departments: Local, State, General, Educational, Temperance, Agricultural, &c., &c., and if two others were added, Medical and Religious it would make one of the best newspapers of our country.

*THE HAIR; its growth, care, diseases and treatment, by C. Henri Leonard, M. A., M. D., published at Detroit, Michigan by the author.*

The Author is Professor of Clinical Gynæcology in the Michigan College of Medicine and a pleasing and instructive writer. The present is a much more interesting book than would be expected from the title, and even homœopaths who would not endorse Prof. L.'s treatment will still find very much in the work that will repay attention. It is beautifully printed, and illustrated by 116 engravings.

*OPHTHALMIC AND OTIC MEMORANDA, by D. B. St.**John Roosa, M. D. New York, Wm. Wood & Co., 1880.*

This is a revised edition of a manual that was designed to give a concise and correct outline of the present state of ophthalmological and otological science, and which has met that design as far as a little book of 3 x 5 inches, and 298 pages would admit. It has been received with favor having already passed through several editions. As a dictionary of the subjects referred to, from the allopathic stand point it is worthy of the popularity it has met. In typography and cloth binding we have not seen anything superior.

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*CUTANEOUS AND VENEREAL MEMORANDA, by**Henry G. Piffard, A.M., M.D., and Geo. Henry Fox, A. M., M. D. New York, Wm. Wood & Co.*

Very neat, but the typographical execution is not equal to the beauty and neatness of the Ophthalmic and Otic Memoranda of the same series.

This has reached a second edition, and is deservedly popular with students for whose use it has been specially designed.

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*THE MINISTRY OF HEALTH and other Addresses by**Benjamin Ward Richardson, M.D., F. R. S. &c. New York, D. Appleton & Co.*

We are glad that our physicians are waking up to the importance of Sanitary Science. They will find profit and honor in becoming ministers of health as well as curers of disease. The addresses in this volume are of rare merit. The papers in many of the popular health journals are not worth reading; if truth is stated it is generally hammered out so thin there remains but a mere film. Here we have eloquence and force. The third address "A homily, clerico-medical" which was delivered in St. Paul's cathedral is one of rare power. The other addresses are upon a Ministry of Health; William Harvey; Learning and Health; Vitality, individual and natural: the world of physic; Burial, Embalming and Cremation; Registration of disease; Ether-drinking, and Extra-alcoholic intoxication.

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*HEALTH AND HOW TO PROMOTE IT, by Richard McSherry, M.D. New York, D. Appleton & Co.*

The author is Professor of the Practice of Medicine in the Uni-

versity of Maryland. He has made a readable and instructive work. It is made up mainly of personal affairs, leaving public hygiene to others. Part I. The first chapter: Hygiene the bitter part of medicine, is very good. The remaining chapters are devoted to the four divisions of human life, the first quarter or the first score of years; second the young man or young woman; third, the man or woman; fourth, the declining or old man. Part II, is devoted to hygienics in detail.

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*HEALTH PRIMERS—Editors J. Langdon Down, M. D., F. R. C. P., Henry Power, M.B., F. R. C. S., J. Mortimer Granville, M.D., John Tweedy, F. R. C.S. New York, D. Appleton & Co. Square 16 mo., each 40 cents.*

The series consists of :

Exercise and training, by C. H. Ralfe, M. D.

Alcohol as use and abuse, by W. S Greenfield, M. D.

The House and its surroundings.

Premature Death, its promotion or prevention.

Personal appearances in health and disease.

Baths and bathing.

The Heart and its functions.

The Head.

Clothing and dress.

Water.

The skin and its troubles.

Fatigue and pain.

The Ear and hearing.

The Eye and vision.

Temperature in health and disease.

Physicians who desire to put into the hands of their families information of a correct and substantial character upon the subjects treated of can not do better than to remember the vols of this series.

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*WOOD'S LIBRARY OF STANDARD Medical Authors for 1881.*

This is sold by subscription only, at \$15 per year, by Wm. Wood & Co., 27 Great Jones street, New York.

The first thing which attracts attention in the volumes for this year is the mechanical execution of the work. The binding and paper of the preceding series were good but this year they give still

better binding and superior paper. The chromo illustrations are very fine. The series for the year will contain some reprints and we are glad to see that the publishers are making pecuniary compensation to the authors. We have been informed that the subscription to the Library amounts to 42,000: this is very large, but no more than the enterprise deserves, and considering the size of the works, and the large outlay involved in the publication a smaller edition would not compensate.

The vols., for this year for January and February are:

A treatise on Albuminuria, and a treatise of the *Materia Medica* and Therapeutics of the skin, both of which works we notice.

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*A TREATISE ON ALBUMINURIA, by W. Howship Dickinson, M.D., Cantab, Second Edition.*

This forms the January volume of Wood's Library of Standard Medical Authors for this year. It is a handsome 8 vo. of 300 pages, containing eleven full page plates and thirty one wood cuts. The vol. is one of the three written by the author upon "Diseases of the Kidneys, and Urinary Derangements," designed to be a complete treatise upon the subject; and one doubtless of great value to all practitioners.

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*A TREATISE ON THE MATERIA MEDICA AND THERAPEUTICS OF THE SKIN, by Henry G. Piffard, A.M., M.D.*

This is the February, 1881, volume of Wood's Library of Standard Medical Authors.

"A correct knowledge of the drugs that affect the skin, and the way in which they act, naturally precede their application" and this remark applies with equal force to all remedies and all diseases, and when generally adopted will remove a vast amount of empirical practice.

The first page we opened to was 179 upon Erysipelas, and we were pleased to note: "for several years I have given up quinine and iron methods of treatment in favor of that by Aconite and Belladonna, rarely finding it necessary to employ other means."

We rejoice at every indication of progress towards the truth.

# Materia Medica.

PROF. S. A. JONES, M. D., ANN ARBOR, MICHIGAN, EDITOR.

## A PROTEST.\*

EDITORS OF THE *British Journal of Homœopathy*:

One does not like to be misrepresented to readers who may not have the opportunity to judge correctly by consulting the original papers; and I am, therefore, desirous of correcting several errors regarding my little self which appear in the article on *Triturations* in the *British Journal of Homœopathy* for Oct 1880.

The writer of that paper has attempted a *quasi* judicial summing up of various articles *in re* the Trituration con-

\*On Oct. 21st, 1880, this Protest with the subjoined note was mailed to the senior editor of the *British Journal of Homœopathy*:

"I have been misrepresented before to-day by the writer of the paper on *Triturations* in your journal for October, judging its authorship by the internal evidence of style, and I appeal to your English love of fair-play for the publication of the enclosed."

A subsequent note from the junior editor informed me that he desired to make several changes in my manuscript, and indeed to omit some of it, before sending it to the printer.

I like it best as it is. I know what I want to say better than Dr. Hughes does. I understand the questions at issue, and Dr. Hughes, by misrepresenting me, has shown that he does not. I also know what the facts in the case justify me in saying. But the policy of the *British Journal of Homœopathy* will not permit a man to defend himself in its pages against the misrepresentations of one of its editors *in its pages*, and I am therefore obliged to correct the errors, and to resent the injustice, of an English quarterly in an American monthly.

Of course I shall fail to meet the readers to whom Dr. Hughes misrepresented me, but I am consoled by the conviction that my misfortune is far less than that of Dr. Hughes.

I trust that the substance of the *Protest* may not be without interest to the American reader. Now that pseudo-microscopy has given up the endeavor to extinguish triturations which it was never competent to judge, and is amusing itself with the measurement of visible particles (the practical value whereof deponent saith not), it is worth while to set down briefly the wherein all microscopy will fail and must fail, in the hope that "scientists" of the future will not re-enact the sorry farce. Moreover, a few old-fashioned readers, in whom the sense of justice is not extinct, may rejoice somewhat to see a man persistently seeking justice, believing it to be his, and vehemently insisting that injustice is not to be dealt out by the instinct of editorial self-preservation.

S. A. JONES.

ANN ARBOR, Dec. 20, 1880.

troversy, and has fallen into error, I trust more from incapacity than design.

If I knew exactly the expense of a first-class funeral in your city, and if such a pageant were not beyond my means, I should go to London and get up one, in which the writer of *Triturations* would enact the *role* of the corpse. Some folks are "beautiful in death;" *he* would be, and I was ever a lover of the beautiful.

This paulo-post corpse says, the practical question raised by Wesselhoeft was "the behaviour of the metals under the homœopathic triturations."

I submit that this is merely an *addendum*, into the assumption of which Dr. W., was forced during the development of the controversy. In his first paper he eliminated all metal at a certain trituration; he declared *ex cathedra* the *impossibility* of the presence of any metal in a certain, and not remote, trituration. From that position he has since been dislodged. To be sure, he has himself acknowledged his error; but even in so doing he tacitly corroborates the soundness of my first criticism, which, I may add, was *inadequate microscopy*.

My own position from the very first has been that the *real* "practical question," namely, the non-presence of the metal in a certain trituration, is, *ex necessitate rei*, beyond the power of the microscope to decide. Of the four investigators mentioned in the paper on *Triturations*, I alone have held this *from the first*; and, now that others are trenching upon the same territory, I must assert the rights of "squatter sovereignty" and resist any attempt to "jump the claim." You see, I haven't much "gumption," and a knowledge of the fact makes me very tenacious of the little that *is* mine.

Moreover, the author of the paper on *Triturations* says that none of the "very interesting facts" which I have "collected" carry us, at the utmost, beyond the seventh centesimal trituration—as if *that* had been my aim. Such an endeavour on my part would have involved the assumption that the microscope was capable of decid-

ing the real question ; just that which I denied from the very first.

My purpose in collecting the aforesaid "interesting facts" was simply to show the *possibility* of such a degree of mechanical, and chemical, divisibility as is *microscopically invisible* ; and when Dr. J. Edwards Smith, our ablest microscopist, questioned "the visibility of minutely divided gold, as stated by Dr. Jones," he was carrying grist to my mill on a much larger scale than he imagined ; and to-day, when the microscopical experts pretend to say that a metal *is not* in a certain trituration because they cannot see it, the avowed invisibility of positive divisibilities makes havoc with their conclusions. Once grant that the capacity of the microscope is adequate, and then their conclusions are valid ; but as I have both denied the possession of such a capacity, and proven the truth of that denial by the "amethystine fluid," any farther discussion on that point is needless. Of course, at this juncture it becomes quite necessary to say that "the practical question raised by Wesselhoeft, was the behaviour of the metal under the homœopathic triturations." But, as the "metal" evinces a therapeutic "behaviour" in triturations which are declared to be inert by the microscopists, I am fain to believe that the "behaviour" of the microscopists must be kept plainly in sight—being at the best a questionable "behaviour"—a "behaviour" in which two of the *dramatis personæ* have made a significant change of base.

I have another nut to crack with the writer of *Tritinations*, when he says of me : "He fairly suggests, however, that the optical qualities of particles are changed at a certain degree of division, adopting Dr. Edwards Smith's statement that extreme tenuity involves such a change." Now, he found my "suggestion" in the *Hahnemannian Monthly* for April, 1879, and the "statement" of Dr. Edwards Smith, which he says I "adopted," was published in the *American Observer* for January, 1880. As I antedate Dr. Smith, by priority of publica-

tion, eleven months, how can I be charged with "adopting Dr. Edwards Smith's statement that extreme tenuity involves such a change?"

The actual truth is that at the time when I wrote the above paper for the *Hahnemannian*, Dr. Smith believed in the microscopical visibility of particles which he subsequently found to be *microscopically invisible*.

On the Twenty-third of March, 1879, I sent Dr. Smith this question: "Do you think from your observations that gold is visible as long as it is di-visible?" On March 26th, he replied as follows: "Is gold visible as long as it is di-visible? *Ans.*—Yes; I have no doubt of this."

How Dr. Smith reconciled this statement with his subsequent paper in the *Observer* for February, 1880, I never cared to enquire; I am only sure that, at the time of receiving my question, *had Dr. Smith known of Faraday's "amethystine fluid" and its "behaviour" under the highest powers, he would have divined why I put the question, and have answered it in accordance with the facts.* When he did subsequently learn of this microscope-defying "amethystine fluid," he was quick to put himself on record as *not* believing "that the microscope will enable us to discover the ultimate divisibility of matter"—a change of base due to the *demonstrated microscopical invisibility of minutely divided gold.*

Just here I must be allowed to cite my original statement as given in the *Hahnemannian*:

"Thus far 2,700 diameters has revealed nothing not visible at 550; possibly because *the limit of divisibility is within the ken of an amplification of 550 diameters; possibly also because the optical qualities of the particles are changed at a certain degree of divisibility.* I incline to believe the latter partulate."

As the first in this controversy to "incline" to such a belief, I desire to stand upon the record without a shadow of misunderstanding.

In his *quasi* judicial capacity the writer of *Triturations* goes on to say of me:

“Another objection he makes to Dr. Wesselhoeft’s conclusions seems to me hardly warranted by the facts. Dr. Smith found that a slide of plain glass will sometimes glitter with a delusive appearance of gold, and pointed this out to Dr. Jones. The latter says that he has ever since guarded himself against mistakes by ‘using the nitro-hydrochloric acid test.’ By this we suppose he means testing the glittering points with this acid, to see if they disappear under it.\* But it does not follow that he should write ‘as no illuminator is safe without the nitro-hydrochloric acid test, the value of Prof. Wesselhoeft’s observations may be easily determined.’ Its non-use might suggest his having seen gold where it was not, but it could not permit his seeing it where it was; and his failure to do so is the point argued against him.”

In my first paper I did condemn Prof. Wesselhoeft for *not* “seeing it [gold] where it was,” and at a subsequent, and rather late day, he acknowledged the “inaccuracy” of his “statement regarding the limit to which particles might be carried in centesimal tribuations.” But let us give his own words:

“The statement contained in the first report on this subject that ‘the third centesimal trituration may be regarded as the limit to which some particles may have been carried’ requires a correction at my hands, because very simple calculations show that particles of triturated matter *may* be distributed as far as the sixth centesimal trituration, although it is only with difficulty that any can be discovered in the third.”†

“This avowal of Dr. Wesselhoeft’s substantiates the

\* Exactly, my friend; but I did not leave any necessity for even so astute a “suppose.” My paper in the *Trans. of Amer. Inst.*, 1879, says:

“Having found what was deemed to be gold in a certain trituration, specimens of the same trituration were treated under the microscope with Sulphuric acid, with Nitric acid and with Nitro-hydrochloric acid. If the gleaming ‘sparks’ withstood the Sulphuric acid and the Nitric, still shining through this cleansing bath, and if they disappeared in the Nitro-nuriatic acid, forming bubbles of (hydrogen) gas, they were held to *be gold*.”

† *The Effects of Trituration, etc.*, p. 20.

“point urged against him” of not having seen gold “where it was;” and I turn now to the value of the illuminator *plus* the Nitro-hydrochloric acid test.

In the first place, *color alone is deceptive*, as Dr. Smith was the first to show, and deceptive color is most especially a quality of the most minute particles.

In the second place, I am not prepared to accept *color* as evidence that the particle is golden *in the instance of the most minute particles*. Even Dr. Smith’s “transmitted solar beam in conjunction with the diaphragmed objective” demonstrates that the *color test* fails in the instance of the golden particles in the “amethystine fluid;” and I am satisfied that the characteristic gold-gleam depends upon the dimensions and the density of the particle. Then, as Dr. Wesselhoeft assumed to determine “the limit to which some particles may have been carried,” I reassert that his omission of the nitro-hydrochloric acid test most emphatically determines the value of his observations; and I think this verdict “warranted by the facts.”

Our Yankee “scientists” have “bet their bottom dollar” on the physical demonstration, and have *lost*! Their refuge now is in the atomic hypothesis; and *on hypothesis they base demonstration*. This will deceive only the unlettered and such others as desire to be deceived.

If all of the research of the last two years has accomplished anything, it has been to demonstrate the absolute necessity for submitting our posology to the physiological and therapeutical demonstration; and, to those who knew him, one year of a Dunham at a bedside, is worth the lifetime of many “scientists.” S. A. JONES.

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## A CONDENSED MATERIA MEDICA.

The schismatic saints of that ‘immaculate conception’ which chipped the egg at Milwaukee in June last, see only the ‘mark of the beast’ in the yearning for a Condensed Materia Medica.

Much have I thought of this lately, being led thereto by many letters urging me to signalize my manumission by preparing such a work. Some of these appeals have come from sources so respectable that I have felt obliged to consider them; not, indeed, so much with a view of attempting to supply the demand, as to determine the need for it, and the probability and *possibility* of meeting it.

Rightly understood, one cannot deny that science *should* culminate in a Condensed Materia Medica. *Condensed*, mind you—not curtailed; not a *caput mortuum*. Of these we have already had more than enough in the so-called Allentown Jahr, Hull's Jahr, Lippe's Text Book, Hering's Condensed, and Cowperthwaite's *rechauffe* of these last two. All of these are misconceptions; curtailments, not condensations; abbreviations, not analytical eliminations of the 'active principle,' or *principal*.

The grand *desideratum* could not be until Allen's grand Encyclopedia had been, and the completion of his work is the first step towards a Condensed Materia Medica. The gathering of this vast store of material was the indispensable initiative; the winnowing is a far more arduous endeavor.

Hering had clear conceptions of the only safe winnowing, and *festina lente* was his creed. He knew that the 'proving' could win its spurs only in its clinical application and *verification*. He was right; all other *criteria* have but a subsidiary value; many of them, indeed, are only 'scientific' *ignes fatui*, beguiling into a slough of despond, after the manner of all such 'lights.'

Holding views so sound, Hering's 'Condensed' is a misnomer; Hering's *Abbreviated*, gives the letter and spirit of the fact. The truth of this is made evident in his *Guiding Symptoms*; and in this work we have CONSTANTINE HERING'S only attempt at a Condensed Materia Medica.

As this work will require eight posthumous volumes, in addition to the two which came out under the veter-

an's eye, my calling it 'Condensed' may excite a smile in those who are dismayed by the profusion of Allen's *Encyclopedia*; but surely these men have not discerned Hering's supreme endeavor to apprehend, (aye, *lay-hold-of*), 'the *geist* of the remedy. This grand old workman knew that the letter killeth, but the *spirit* giveth life; and for more than half a century he sought for that spirit where alone it can be seen and felt—in the clinical application of the *data* of the 'proving.'

Some have felt that he violated the essential unity by incorporating symptoms derived from the use in disease. Not so; a 'proving' is from the nature of things incomplete—a proving does not produce vertebral caries; a similar disease—state is pre-Raphaelistic to the veining of a leaf, and we find in the calcic phosphate a *similimum* for one form of vertebral caries, in its entirety. Hering endeavored to let disease supply *details* where the proving had given (could give) only *outlines*, he has largely succeeded, and they who ignore his 'Guiding Symptoms' needlessly limit their own usefulness.

From our standpoint, then, it is evident that, in the clinical application of the 'proving' we find the chief avenue to the obtaining of a Condensed Materia Medica.

To be sure, this very avenue can, and does, lead to fallacies innumerable, as much 'High Potency Practice' amply evidences; but shallow cerebral convolutions will aberrate in *any* avenue, and the avenue must not be blamed! A searching analysis of all published 'cases' is, then, an indispensable preliminary, and such symptoms as can rightly wear the stars of generalship for 'services in the field,' will form the safest contribution towards a Condensed Materia Medica.

Altogether secondary to this is a pruning of the redundancies in the Encyclopedia. The duplication, triplication, quadruplication of a symptom is, as many persons believe, a most desirable evidence of legitimacy; it at least suggests one and the same father, and provers, we know, are suspected of 'easy virtue,' as the word goes.

It is also proper to have these evidences of legitimacy duly recorded in an Encyclopedia; but in a Condensed Materia Medica only *one statement of the same fact* is allowable.

Some have wished that this plan had been applied to Allen's Encyclopedia; but somewhere they must be recorded in all their actual multiplicity, and the Encyclopedia is the place.

No other abbreviation is to be tolerated except such as is justified by clinical experience, and these two methods would largely lessen our Encyclopedic storehouse.

But if a Condensed Materia Medica is to include only such symptoms as appeared in the majority of the provers, we shall surely omit some of the most valuable, for idiosyncrasy has claims which *must be respected* in every 'proving'—and if we incorporate only such as have been clinically verified we shall doubtless condemn many a symptom because it has not happened to have had a hearing in the clinical court. If the developing of our Materia Medica has required a century, why not a century or two, or three, for its verification? We can make a 'proving' at will; we can demonstrate its verity only when the golden opportunity comes to us. That may come to-morrow, and, may, perhaps, only in 'Plato's year.' Hence HERING's profoundly prescient *Festina Lente!*

Mine eyes look not for *the* Condensed Materia Medica. It may come in 'Plato's year,' or when, with clearer eyes, we can see in it all the grand simplicity that marks the works of Him whose inscrutable plan hid virtues in the flowers of the field.

If it shall come, it will be as the last of a series of eliminations, a series that will gradually exclude the generic in each remedy by cancellation, until, at last, only the specific—the absolute value—of the remedy will be left. This feature will be written in a single line, as the *anxiety* of Aconite, the *asthenia* of Picric acid, the *restlessness* of Rhus, and so on. Each remedy will have its

voice, and be known by it, as was King Lear, in that night of storm and darkness.

That this is not a mere dreamer's fancy is shown by the fact, that in the 'key notes,' or characteristics, we have a foreshadowing of the ultimate identification of a remedy by its intrinsic individuality; and *this individuality* is not shown by erratic warts and birth-marks, as your repertory makers imagine. A truant lock of hair might have hidden Cromwell's wart at Edgehill; but what could hide the voice of him who commanded in the name of the Lord God of Hosts? We want not warts and telangiectasic birth-stains, but the SPIRIT, and this we shall reach when we get through the rind of things. We must drop synthesis for analysis, and though this may seem to lead us to several centres in a drug's action, all essential to its unity, yet we must keep on and on, until, at last, is revealed to us the *punctum saliens*.

"So runs my dream, but what am I?

· An infant crying in the night;  
An infant crying for the light,  
And with no language but a cry."

S. A. JONES.

[Above article is from *Homœopathic Courier*, corrected.]

#### GLUCOSE; IS IT UNWHOLESOME?

*The Scientific American* answers the question thus: "The manufacture of glucose and starch sugar having increased with surprising rapidity recently, we are frequently asked whether its use will injure the health. Some claim that it will, others assert the contrary. Reliable experiments by competent persons are rare, and every fact which throws any light upon the subject is welcome and will have its effect. We are, therefore, willing to give place to certain statements made by Dr. J. Nessler, of Baden, in regard to his own experience with starch sugar. In Germany the starch is made from potatoes, and of course German glucose may possess some properties unlike ours, which is made from corn-starch. The specimen used by Dr. Nessler in his experiments may or may not have been a fair average of the glucose made in that country, but his statements will suggest to courageous parties at home the propriety of putting American glucose to the same tests or similar ones.

This kind of sugar has been used for nearly fifty years, says Dr. Nessler, for improving sour wine, in making beer, and in confectionery. Since starch is not injurious to the health, and the sulphuric acid is almost completely removed, it was assumed that no hurtful substance could be formed by the action of dilute acid on starch. Up to a very recent period no one harbored a suspicion that starch sugar could exert any injurious effect. This kind of sugar is cheaper and is better fitted, for other reasons too, for making cheap drinks than cane or beet sugar. It had, therefore, been recommended officially and privately, even by Dr. Nessler himself, under the conviction that the use of brandy could best be checked by the manufacture of good and cheap drinks.

Not long since A. Schmitz, who drank natural wine one day and wine containing glucose the next day, tried the experiment of injecting the unfermentable substance contained in starch sugar into the veins of a dog. He noticed that starch sugar had, or might have, a stupefying or narcotic effect.

Incited by these statements of Schmitz, Dr. Nessler began some experiments with the unfermentable constituents of such sugar. He obtained from Alsace a 20 per cent. solution of a sugar which was free from arsenic and in which there was 26 per cent. of unfermented substances. To the solution he added enough yeast to set up fermentation, and when this was added, filtered the liquid and evaporated one liter of it to a syrup. The alcohol and any other volatile product of fermentation were thus expelled. This syrup was now diluted to 100 c.c., so that it contained ten times as much of the various unchanged constituents as the original solution. At 7 A. M. he took 50 c.c. (nearly two fluid ounces), representing 100 grammes of sugar, and at 10 A. M. as much more. Its taste was bitter and repulsive. Toward noon he felt rather badly, but not sufficiently to be able to ascribe with certainty any hurtful action to the extract which he had taken. At 2 P. M. he took as much of the residue as represented 100 grammes of sugar, but this time it had not been evaporated so far as the first time, but only to two-fifths. An hour later a violent perspiration broke out, and a little later a violent headache set in which lasted until late in the night.

A few days later Dr. Barth, assistant at the experimental station, took the unfermented portion from 90 grammes (over three ounces) of the starch-sugar at 10 A. M. The fermented and filtered liquid was again evaporated to three-fifths. A cold perspiration soon showed itself, attended with a tightness of the chest. At noon he had no appetite, and threw up the soup which he had eaten. In the afternoon he was seized with a violent headache that lasted until evening, and the next day he did not feel well.

Dr. Nessler thinks there can be no doubt left a substance injurious to health remains in the liquors made by fermenting this sugar. Possibly not all starch-sugar has the same effect, but there is always a bitter substance or extract left after fermenting and evaporating, which turns the plane of polarization to the right. It is probable that all are more or less injurious according, as it contains more or less of this substance.

Whether this substance is formed during the fermentation or was already there, and whether its injurious effects are not destroyed or neutralized by the alcohol in which it is usually dissolved, are questions which he does not attempt to answer.

#### RESORCINE.\*

Preserving and disinfecting agents have in recent times acquired an importance and scope regarding the methods of using them that could scarcely have been suspected at a relatively recent date. Dr. Koller cites, as examples, the antiseptic treatment of wounds which has been so exceptionally successful in the science of medicine. The discovery and application of true disinfectants and antiseptics may be designated as a most important practical question. The sanitary weal of the individual, of the masses, of cities, and of countries, depends upon rational disinfection. The army of contagious diseases cannot be conquered by anything more successfully than by the weapons of disinfection.

The mutability, the changeableness, the self-sufficiency of the germs of decomposition and decay are characteristic of everything organic; but also characteristic of no men is that restless striving to lend a longer life, a quiet stability, to changeable nature. This conservative character is a feature of everything human; the shadows of the war for existence are sharply defined in this well-lighted picture, and time alone, with her flitting and varying forms, conjures up the conflict, whose final solution, however, only testifies to the old and innate conservatism.

The step up which the present has climbed in the recognition of disinfectants and antiseptics is quite a high one; but glancing back upon leaves of science, covered with glory, it is not difficult to predict that in this domain we shall still have many important advances yet to rejoice over.

\*Scientific American.

At the head of the list of disinfectants which belong to modern times are carbolic and salicylic acids and thymol. A definite circle of action was found to belong to each when experience had leveled the way. Carbolic acid is in general the disinfectant of crude masses of organic substances; salicylic acid is the disinfectant of the kitchen, the cellar, and the larder, but thymol (most costly of all) is the disinfectant of the boudoir.

To the above mentioned must now be added a new one, says Andeer, viz., *resorcine*. Before we enter into a discussion of how it acts it is advisable to consider more closely its nature.

Resorcine was discovered about fifteen years ago by Barth and Hlasiwetz. At that time it was obtained as a product of the decomposition of certain gum resins like gum ammoniac, galbanum, assafoetida, etc., by fusing them with caustic potash; also by the dry distillation of Brazil wood. It derives its name from *resina*, resin, and *orcin*, a substance which it resembles, and which occurs ready formed in all lichens used for making litmus and archil, and is also obtained by the dry distillation of acids and ethereal bodies obtained from these lichens.

Sommer afterward called attention to the fact that umbelliferone, obtained from the umbellifera resins, when fused with alkalies gave the same substance. This umbelliferone crystallizes in colorless, odorless, and tasteless prisms, which are very soluble in boiling water, alcohol, and ether, and fluoresce strongly. It can be made from the resin which occurs as a drug in the market, or from the resin obtained by extracting angelica root, or levisiticus, or imperatoria, with alcohol, and evaporating the alcoholic extract.

Resorcine belongs to the numerous compounds of benzole derivatives, especially to the dihydrox-benzoles or diphenols. A cheap method of making resorcine from benzole derivatives has been invented, and the dyes derived from it have justly attracted very extended attention.

Among the methods for making resorcine, the following are worthy of mention, because they furnish it at a reasonable price:

The chlorobenzol-sulpho-acid is made by dissolving chlorobenzole in fuming sulphuric acid. Its sodium salt when fused with caustic soda forms resorcine.

On warming a solution of phenol in sulphuric acid the metaphenolsulphonic acid is formed, and its sodium salt fused with caustic alkali also yields resorcine.

The third and best method, it seems, for making resorcine is from the dibenzolsulphoric acid, which is made by benzole vapors into warm sulphuric acid. A large quantity of resorcine is formed by fusing its sodium salt with caustic soda.

The relation that exists between resorcine and phenol (carbolic acid) as to their constitution led Andeer to ask whether their action might not be similar. In fact further experiments proved that resorcine has the property of stopping decay. Chemically pure resorcine, which withstands the light, when in a one per cent. solution stops the development of fungi and mould. This has been proven not only by artificial experiments in the laboratory, but also chemically on the appearance of the symptoms of disease.

What seems deserving of special remark is that absolutely pure resorcine, in every degree of concentration, coagulates albumen and precipitates it from solution. On this account the author considers it an excellent caustic to remove unhealthy tissue. In crystals it cauterizes as powerfully as lunar caustic, but, he assures us, without pain, nor does it form metallic albuminates, which are insoluble or difficult of solution, causing a scar. In a comparatively short time, say three or four days, the skin regains its natural appearance.

In homœopathic doses the pure resorcine will preserve ink and colors which would otherwise mould very quickly, and not injure the color.

A one per cent. solution will not prevent fermentation, but only retard it in favorable cases. To stop it completely requires a comparatively strong solution of  $1\frac{1}{2}$  to 2 per cent.

Andeer adds that resorcine is soluble in all liquids except chloroform and sulphide of carbon, and unites readily with animal fats and oils, especially in the presence of alkalies, and helps to emulsify them. Hence it is an antiseptic, caustic, to a certain extent a styptic, and an emulsifying agent. It has one advantage over the other disinfectants derived from benzole, that it can be used in every form prescribed by the pharmacopœia.

It seems that we are to be enriched by a new disinfectant which shall take a position in the future of unlimited usefulness. Resorcine will be the disinfectant, and in a certain sense the antiseptic of the physician, the druggist, and the laboratory.

## Obstetrical Observations.

J. H. MARSDEN, A. M., M. D., YORK SPRINGS, PA., EDITOR.

**LEARNING OBSTETRICS AT VIENNA.**—(*Medical Record*.)—In a letter to the *Philadelphia Medical Times* concerning the Medical School at Vienna, Dr. Robert W. Johnson says: "Few courses humiliate a beginner more than obstetric operations on the cadaver, and few are so satisfactory. The books, so glib about the application of forceps, the simplicity of turning, dwell rightly on the horror of craniotomy; but mere black and white does not impress one with the difficulties in the same way as an endeavor before a watchful instructor to deliver the dead woman, *per vias naturales*, of one of the numerous still-born children that are utilized. The man who takes two courses, at least, on this important topic, from different assistants, will glean a variety of opinions as well as experience that he will never forget. One thing, however, it is to be hoped, he will never obtain, and that is the alacrity with which students and instructors leave the dead-house for the lying-in room to make examinations with hands imbrued with the blood of the dead, and, it may be, consciences dyed with the blood of the living. I cannot but think that the awful inroads of puerperal fever, and the numerous deaths thereby, arise largely from this criminality in attempting to satisfy the meagre sentiment that foreigners generally have for women by a paltry wash of carbolized water after post-mortems on even puerperal subjects. It requires more than a basinful of the 'multitudinous sea's incarnadine,' with permanganate of potash, to rub out the 'damned spot' so acquired, and, God knows, Americans had better stay at home than learn abroad to carry, under the badge of their healing office, desolation to the hearth of a confiding family. Much as I respect these Viennese teachers for their attainments, and the good they have done in advancing obstetrical science, I cannot help looking on them as guilty of something near homicide while they permit or advance such criminality." Dr. Johnson speaks in much the same way of the vulgarity and brutality of the instructors in venereal diseases.

**RUPTURE OF THE UTERUS.**—(*Ohio Medical Recorder*, September, 1880.)—S. Hudson, M. D., reports two cases of rupture of the uterus. The first case occurred in the autumn of 1874. When the doctor arrived at the bedside of his patient he found her in collapse and dying. She died in a few minutes. Os uteri slightly dilated. A post-mortem showed what was suspected, that the uterus was ruptured—a rent being found opposite the promontory of the sacrum, running obliquely across the body of the uterus, about five inches in length. The second case occurred in the summer of 1879. The doctor was summoned in haste, only to arrive half an hour too late. The patient was dead and the attending physician had left the house. The symptoms indicated that the woman died from rupture of the uterus, and a post-mortem showed that the uterus had ruptured transversely, on the anterior segment, the rent being about eight inches in length. The rent was just above the os internum. A latent inflammation had so softened a band of the uterus, about an inch and a half wide, extending half way around the uterus, that the finger could be pushed through the uterine substance with great ease. While in the first case nothing could have saved the fœtus but a Cæsarian section, in the last case a timely forceps delivery might have been effected, and saved the child, at least, if not the mother, and the mother would have stood some chance of recovery.

**RUBBER BANDAGE.**—(*Medical and Surgical Reporter*.)—S. D. Pollock, M. D., reports a case in which septicæmia resulted from the use of rubber bandage for varicose veins. The bandage was worn only during the day, and symptoms of blood-poisoning appeared on the fifth day. After two weeks the bandage was re-applied, and septicæmia recurred again on the fifth day.

**SIGN OF OBSTRUCTED LABOR.**—(*Canada Medical and Surgical Journal*, Aug. 1880.)—Dr. L. Bandl, of Vienna, has recently pointed out a phenomenon recognizable by inspection of the abdomen during labor only, which is of considerable practical importance. He found that in those cases where there exists an abnormal obstacle to the expulsion of the child, such as contracted pelvis, malposition of the child, etc., a distinct transverse furrow appears on the abdomen, about midway between the umbilicus and pubes, just at the junction of the cervix and body of the uterus. This furrow is produced by the wedging in of the cervix into the brim of the pelvis by the presenting part and the concomitant, fruitless, concentric contractions of the uterine body. It occurs only in abnormal labors and affords a valuable indication as to the time and necessity for operative interference, for obviously the undue continuation of this condition would very readily result in the production of a rupture of the uterus. Indeed, Bandl first witnessed this sign after such an accident. In normal labors the presenting part passes into the pelvic cavity and fills out the cervical canal equally, thus preventing the occurrence of a transverse furrow. He has seen this furrow in several cases where there was an excessive obliquity of the pelvis and consequent anteversion of the uterus, a condition simulating in its influence on the progress of labor the minor degree of contracted pelvis.

**OOPHORECTOMY IN HYSTERIA.**—(*London Lancet*.)—Under the above title a French journal gives an account of a case which was presented to the Berlin Medical Society some months ago, and which has scarcely attracted the attention in this country which its significance deserves. Dr. Israel presented to the Society a young woman twenty-three years old, cured of severe hysteria by "Battey's operation," of which she bore the cicatrix. The patient had suffered for some years from obstinate vomiting, accompanied by severe ovarian pains. She became extremely weak and anæmic. Many surgeons advised the operation, and she gradually arrived at the conviction that castration was the only remedy for her sad state. The operation was performed under chloroform "with all antiseptic precautions." During the first three days after the operation there was extreme tenderness in the lower part of the abdomen, and ice was obliged to be constantly applied. At the same time there was retention of urine, which only passed off at the end of twelve days. A week after the operation the vomiting had ceased, and the pain in the ovarian region had disappeared. The patient's cure remained permanent. One detail, however, of this beautiful illustration of the value of "oophorectomy" remains to be mentioned, and it is not unimportant. *The operation was a pretended one.* A superficial wound only was made! The result certainly justified the means.

**THE BEST POSITION OF A WOMAN IN LABOR.**—(*Amer. Jour. Obstetrics*.)—An exhaustive paper on this subject, by Dr. Geo. J. Engelmann, of St. Louis, is reported in the proceedings of the American Gynecological Association. Among other historical facts the doctor tells us that "Only in Siam are women kept in the recumbent position, flat on the back, the rarest of all positions during labor." The author concludes "that the fully recumbent position on the back is inimical to safe and rapid labor." He believes we should advise that in the early stages of labor the woman should be permitted to follow her own instinct with reference to position, and even in the last stages of labor she might be allowed to do the same, except perhaps with reference to some general directions, and for these he would say the semi-recumbent position in bed was the one best adapted to give her the greatest assistance.

**LONG CONTINUED LACTATION; ITS EFFECTS UPON THE OVARIES AND UTERUS.**—(*Medical Times and Gazette*)—J. Sinclair reports observations which tend to establish the following: (1) Lactation tends to prevent conception by its influence on the ovaries in retarding their return to the state in which ovulation is perfect. (2) After weaning, the evolution of the ovaries becomes more rapid than it is during any period of lactation. (3) After long continued lactation, its sudden cessation is liable to be followed by a rapid evolution of the ovaries and uterus, giving rise to symptoms of ovarian and uterine hyperæmia. Long continued lactation may cause superinvolution of the ovaries and uterus, resulting under favorable circumstances, in complete or partial prolapse of the uterus.

# Colleges and Societies.

ALBERT LODGE, M. D., DETROIT, MICHIGAN, EDITOR.

## HOMŒOPATHIC GRADUATES 1881.

### PULTE COLLEGE.

Baker, R. H., Tennessee.  
 Barnes, L. S., Ohio.  
 Countryman, A. M., Minnesota.  
 Cullison, M. R., Pennsylvania.  
 Cutler, W. P., Ohio.  
 Davis, A. L., Iowa.  
 Fletcher, C. G., Kansas.  
 Foster, H. E., Michigan.  
 Green, F. P., Arkansas.  
 Haerr, J. A., Ohio.  
 Hageman, S. A., Kentucky.  
 Hier, W. G., Ohio.  
 Huddleston, A. F., Indiana.  
 Jackson, J. H., Ohio.  
 Jamison, M. R., Pennsylvania.  
 Johnson, C. E., Indiana.  
 King, R. L., Michigan.  
 Logan, A. N., Massachusetts.  
 Mackenzie, W. Y., Texas.  
 Meredith, C. P., Kentucky.  
 Morgan, P. B., Michigan.

Nash, E. O., New York.  
 Needham, H. J., Indiana.  
 O'Keefe, Miss S. C., Pennsylvania.  
 Overman, D. R., Ohio.  
 Pauly, C. A., Ohio.  
 Pugh, G. E., Ohio.  
 Pickett, C. M., Indiana.  
 Riley, C. T., Ohio.  
 Robinson, F. H., Indiana.  
 Robinson, S. B., Kentucky.  
 Rorer, C. M., Kentucky.  
 Scheib, F. W., Ohio.  
 Shane, T. A., Indiana.  
 Simmons, S. E., Ohio.  
 Stark, W. I., Indiana.  
 Street, Mrs. M. N., Ohio.  
 Taylor, Mrs. M. J., Indiana.  
 Trabue, A. L., Illinois.  
 Vance, J. W., Ohio.  
 Wesco, A. J., Ohio.

### HAHNEMANN COLLEGE, CHICAGO.

Abell, Edmund J., Illinois.  
 Allen, Sara J., Illinois.  
 Arbuckle, Geo. W., Minnesota.  
 Atherton, R. M., Indiana.  
 Babington, John, Michigan.  
 Baldwin, A. H., Illinois.  
 Ballou, P. E., Indiana.  
 Barber, H. A., Michigan.  
 Barnes, Addie M., Indiana.  
 Bennett, Alma S., Dakota.  
 Bennett, G. P., Dakota.  
 Benson, A. M., Wisconsin.  
 Boyer, W. N., Illinois.  
 Brown, G. E., M. D., Illinois.  
 Brown, Dagmar M., Wisconsin.  
 Brooks, S. S., Pennsylvania.  
 Bryant, Z. Z., Iowa.  
 Burg, W. F., Iowa.  
 Campbell, S. A., Iowa.  
 Carson, J. A., Iowa.  
 Chamberlain, A. E., Illinois.  
 Clark, C. F., Ohio.  
 Colt, Emily S., Missouri.

Hoitman, G. E. J., Wisconsin,  
 Henderson, R. Celia, M. D., Minn.,  
 Howe, A. J., M. D., California,  
 Holmes, H. P., Indiana,  
 Howard, Thos. T., Illinois,  
 Howard, D. W., Illinois,  
 Ireland, D. V., Ohio,  
 Isenberg, Loren, Ohio,  
 Just, Adolph A., Minnesota,  
 Kerr, J. F., Ohio,  
 Lathrop, H. A., Illinois,  
 Lewis, F. B., New York,  
 Lyons, Jennie M., Illinois,  
 Magee, F. J., Dakota,  
 Markham, R. C., Michigan,  
 Martin, I. M., Illinois,  
 McEwen, E., Iowa,  
 Mendel, Sarah A., Illinois,  
 Mitchell, C. F., Minnesota,  
 Monroe, B. F., Nebraska,  
 Morrison, G. H., Illinois,  
 Mudge, E. W., Michigan,  
 Neal, Geo. H., Nebraska,

Cole, D. D., New York.  
 Cook, A. G., California.  
 Culver, Artie L., Illinois.  
 Cushman, B. Viola, Missouri.  
 David, W. F., Illinois.  
 Davis, A. C., Illinois.  
 Dewey, C. A. Wisconsin.  
 Dickinson, H. W., New York.  
 Dinsmore, C. M., M. D., Nebraska.  
 Donoghue, Elizabeth B. Illinois.  
 Dow, D. M., New York.  
 Dunn, W. A., Indiana.  
 Dunham, Jas. B., Indiana.  
 Enos, J. W., Illinois.  
 Eshbaugh, W. S., Illinois.  
 Farnham, Mary C., Illinois.  
 Fry, Ira H., Iowa.  
 Gee, William S., Indiana.  
 Goddard, S. T., Michigan.  
 Graves, C. B., Michigan.  
 Gustin, F. M., Indiana.  
 Gustin, R. C., M. D., Ont.  
 Gidman, B. C., Conn.  
 Handlin, Wm. A., Ohio.  
 Hart, C. N., M. D., Colorado.  
 Hoaglin, W. L., Kansas.  
 Havens, G. C. H., Michigan,

Nickerson. W. H., New York,  
 Nottingham, D. M., Indiana,  
 Olney, F. B., Iowa,  
 Paul, W. A., Maine,  
 Parkhurst, Emogene, Illinois,  
 Pollock, S. D., M. D., Illinois,  
 Primm, John N., Illinois,  
 Pennock, J. W., Michigan,  
 Renninger, John S., Ohio,  
 Rice, O. P., M. D., Massachusetts,  
 Schock, W. H., Utah,  
 Scott, E. D., Illinois,  
 Seems, T., M. D., Iowa.  
 Shirley, J. W., Missouri,  
 Smith, N. P., Illinois,  
 Smith, H. O., Illinois,  
 Snyder, Ida M. Illinois,  
 Steinhaus, Mary, Illinois,  
 Swift, C. L., New York,  
 Sweeting, W. H., New York,  
 Triene, P. E., Iowa,  
 Walker, J. L., Illinois,  
 Wall, M. M., Indiana,  
 Waltersdorf, E. C., Michigan,  
 Welsheimer, J. M., Michigan,  
 Westfall, Almeda P., Minnesota,  
 Wood, E. H., New York,

CERTAINLY.—The *Advance* says a man advertises for a competent person to undertake the sale of a new medicine, and adds that “it will be highly lucrative to the *undertaker*.”

“FEEDING AND MANAGEMENT OF CHILDREN,” is the title of such a good book on the subject that Prof. Valentine says he had only to read it aloud to his baby to make it gain three pounds in three weeks !

CORSETS were to be taxed, but objection was made that it would lead to diminish *consumption*.

SANITARY CONVENTION, at Battle Creek, Michigan, under the auspices of the State Board of Health, will be held in the City of Battle Creek, Michigan, on March 29 and 30th, 1881.

JONES.—Dr. S. W. Bedford, of Peck, Sanilac County, writes : “Among the many valuable contributors to the *Observer* not one suits me as well as Sam. Jones,—he’s a brick; I think the University will miss him.”

J. H. ENLOE, M. D., of Rome, Ga., says: “I am always glad to see your journal, for it is a source of a great deal of information to me as well as pleasure.”

ALWAYS PAID IN ADVANCE, and therefore lives to years of honor. Our friend, Rev. C. C. Foote, of Detroit, has a father in Memphis, Mich., who recently celebrated his 101st birthday. He has been for 70 years a subscriber to a Rochester, N. Y. paper, alway *paying his subscription in advance*.

DELAY IN PUBLICATION.—February 28th we receive *Medical Coanselector* for January. Publication delayed on account of sickness of publisher; and we understand that Dr. Arndt, the editor, has had sickness in his family. Our own journal has been sadly hindered, but prospects of future punctuality are good.

# Medical Medicine.

PROF. J. J. NOBLE, D. D., AN. APRIL, 1881, BOSTON.

## KALI BICHROMIATE.

ON THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF  
THE BICHROMATE OF POTASH.

BY ALFRED C. TRYSTADT, M.D.

Lecturer on Materia Medica at the London School of Homoeopathy.

For the study of this drug we have, perhaps, fuller and more adequate details at our disposal than we have for that of any other. The monograph on the Bichromate of Potash, by Dr. Trystadt, which contains nearly every known pathological fact regarding it, is made a volume in our proving course. It is published in the *Annuaire Materia Medica*, Part I, and deserves the careful study of every practitioner of medicine. Dr. Trystadt has here brought together in a thoroughly scientific manner the observations of twenty-three male and seven female voluntary experimenters with the salt, and a large number of well-sustained and carefully examined cases of poisoning by it. Added to these are a number of experiments on some of the lower animals, with a statement of the morbid appearances they presented after death; while to the details of the symptoms produced, a summary of the physiological action of the drug, and a series of illustrations of its therapeutic uses are appended. Had all the medicines now used been examined as carefully and elaborately as Dr. Trystadt has examined the bichromate of potash, the work of the student of therapeutics would be both fresher and simpler, and the duties of a lecturer on Materia Medica very sensibly lightened.

Dr. Trystadt's article appeared in 1851, and, together with his own enquiries, contained those of the Austrian

\* A Lecture delivered at the London School of Homoeopathy, Dec. 5th, 1880. *North American Homoeopathic Review*, January 1881.

Society. The article on this salt in Allen's *Encyclopædia* gives these researches, and, in addition, a few observations and cases of poisoning that have been recorded of late years.

In the Homœopathic Pharmacopœia, the German designation of this salt *Kali Bichromicum*—is retained.

The bichromate of potash is essentially, indeed, I may say exclusively, a tissue irritant, and as such, its action is exerted upon the skin, the mucous surface of the mouth, throat, larynx, trachea and bronchi, the œsophagus, stomach and intestinal tube. It also exercises a well-defined and powerful influence upon the liver and kidneys, as well as upon some of the joints and the periosteum.

Dr. Drysdale has observed that its influence is most marked in fat and fair-haired persons; and that many of the symptoms it occasions are most pronounced in hot weather.

On the nervous system, save indirectly, this salt appears to have little influence. The headache, which accompanies the gastric and intestinal symptoms characterising its action is a vertigo, followed by aching across the forehead, aggravated by stooping and moving.

Independently, however, of its action on other parts of the body, it excites a well defined supra orbital neuralgia, characterised by violent shooting pains from the root of the nose along the left orbital arch to the external angle of the eye with dimness of sight. The pain begins in the morning, increases until noon, and goes away towards evening. In each instance, in which this kind of neuralgia was felt, it was on the *left* side.

The catarrhal-like condition set up by the bichromate of potash is very well marked in the mucous tissues of the eye-ball. Thus, we find burning and smarting of the eyelids, in the canthi, and the curuncula lachrymalis. The conjunctiva oculi is reddened, presently the palpebral conjunctiva becomes so too. On waking in the morning the eyelids are agglutinated, and yellowish matter accumulates at the angles. Pustules, small white elevations.

surrounded by a good deal of redness, form on the conjunctiva of the left eye towards the inner canthus. While these conditions are present, vision is dim, and there is a dread of light, especially towards evening.

These symptoms, which are very characteristic of the action of this salt, indicate it as a remedy in catarrhal ophthalmia, and especially as it appears in strumous and syphilitic subjects, while its clinical value in such cases has been amply and most satisfactorily tested.

The following case recorded by Dr. Drysdale in the 15th volume of *The British Journal of Homœopathy* illustrates one form of ophthalmia in which the bichromate is a very useful medicine :

Mr. W., æt. 29. Has been subject to inflammation of the eye from childhood. Has had syphilis three times ; the last time four years before, and was treated with mercury and salivated. He had gonorrhœa a year before. In the middle of July he was attacked with inflammation of the right eye, and it continued to increase, but he had not put himself under any treatment for fear of the bleeding and salivation he had undergone on former occasions. On the 29th of August he came to me suffering from great pain in the head, and over the right eye, with excessive flow of tears, and intolerance of light, so that it was difficult to obtain a good view of the state of the eye. The sclerotic was deeply injected and iris muddy ; the conjunctiva injected, and a large white opaque spongy looking speck in the middle of the cornea, to which red vessels ran across the clear part. Up to the 13th September he got *Sulphur*, *Belladonna*, and then *Spigelia*, with some relief to the pains in the head, but the symptoms of the eye remained the same. He now got gr. i of the first decimal trituration of the *Kali bichrom.*, to be dissolved in fourteen spoonfuls of water, and one taken every six hours. Under this he improved rapidly, and to such a degree that on the 27th the eye was nearly free from signs of inflammation, and the speck and vessels supplying it were less. He got no medicine till the 2nd October,

and then the speck remained the same, with watering of the eye on attempting to use it; he got *Hepar*, followed in due course by *Merc.*, *Euphrasia*, and *Thuja*, with progressive improvement of the speck.

The same catarrhal-like state is observed on the mucous surface of the nose; but here it seems to be deeper and to disorganise the septum and nasal bones to some extent.

We also notice sneezing, with a discharge of clear water from the nose, aggravated on going into the open air. The nose then becomes sore and red, and there is either a total loss of the sense of smell or a consciousness of a foetid odour from it. With this catarrh there is oppressive headache, often followed by more or less profuse epistaxis. After a time the nose becomes sore and dry.

In those cases where the inflammation was more intense great pain and tenderness were felt at the junction of the cartilage, and the septum was ulcerated quite through. The nose became obstructed by the repeated formation of hard elastic plugs, called by workers in bichromate of potash "clinkers."

In many cases of ordinary catarrh, still more in certain epidemics of influenza, and again in syphilitic disease of the nose, this salt has been found of great value. It is chiefly in cases where, with great stuffiness of the nose, headache and epistaxis are especially prominent that it will be preferable to other drugs, having a catarrh-like action on the nasal mucous membrane.

A case is related by Dr. Drysdale (*op. cit.*) which is a good example of the kind of chronic inflammation of the Schneiderian membrane in which bichromate of potash is remedial. The details are as follows:

Mrs. H., æt. 50. Had always been subject to colds in the head, and determination of blood to the head. About two years before she had a severe influenza, and from that time she dates her present symptoms. The catamenia ceased about two years ago also.

March 21st, 1853. Complains of constant discharge of thick yellow matter from the left nostril, mostly early in the morning, and having a foetid smell after any fresh cold. She has also a severe pain up the muscles of the left side of the neck to one small spot in the side of the head, brought on and aggravated by blowing the nose. In the left nostril, half way up, there is a severe smarting pain extending to the malar bone below the eye. There is little sneezing, and no perversion of the sense of smell. The general health is good, except that the bowels are costive and the tongue white.

Prescription.—*Kali bich.*, 6, 3, 6, 2, 6, 6, a powder of each dilution in succession, one powder every second day, dissolved in four spoonfuls of water, and one to be taken night and morning. There was also given a lotion composed of half a grain of the neutral chromate to the ounce of water, to be snuffed up the nostril twice a day. On the 5th April she was much better than for two years. The pain was quite gone for some days, although she had a slight fresh cold; the discharge is much less copious, and is thin, and without foetid smell. The pain in the neck and head and malar bone gone. The medicine was repeated, and at the expiration of the second course she was well.

In the 24th volume of the *British Journal of Homœopathy*, Dr. Ransford gives the particulars of a very interesting case, showing the power of this salt over disease of the nasal passages having a malignant aspect:—

The patient was a gentleman, eighty-two years of age, who had resided for 30 years in India, where he had had two attacks of fever and one of cholera. During the two years previous to the illness Dr. Ransford refers to, he had had diarrhoea and bronchitis on two or three occasions. In the autumn of 1864 Dr. Ransford saw him on account of a highly vascular, spongy texture in the right nostril, distending it, and apparently growing upwards. After a few weeks it traveled slowly downwards, and protruded externally. The left nostril became affected in the same way; the soft parts of the *alæ nasi* were involved, but the bony structure was unaffected, and there was but very slight and occasional muco-purulent discharge. His nurses stated that the discharge was offensive. Occasionally there were severe paroxysms of lacerating pain in the affected parts, sufficiently acute to make the poor man cry out loudly; deglutition was unaffected, and the soft palate likewise, but by the continued growth of the tumours, and by their constant pressure, the neighboring soft parts were observed, and considerable disfigurement was the result. Speech

was not much affected, except that the voice was rather hoarse. He was now seen by Sir James (then Mr.) Paget, who simply prescribed cleanliness and a generous diet, both of which suggestions had been anticipated. He was also seen by Dr. Sanderson, formerly of the Bengal army, who considered the case hopeless. Up to this time the medicine most frequently given had been Arsenic, in various dilutions, but without any apparent effect on the ulceration process. Dr. Ransford now prescribed the bichromate of potash in the third dilution, both internally and externally, by means of a glass syringe. Most unexpectedly, the progress of the disease was gradually but visibly checked; healthy granulation took the place of phagedenic ulceration, which never recurred. He lived many months after the healing process was accomplished."

The catarrhal-like inflammation extends downwards to the larynx and bronchi. Thus, following the symptoms of nasal catarrh, we have in the larynx, pain in the sides, the nape of the neck, and left shoulder; the throat looks inflamed and red around the tonsils. Then follows cough with sputa, free, thick and slaty in colour, and some dyspnœa, with a sensation of dryness in the bronchi. We find also great tickling in the larynx, causing cough at every inspiration, hoarseness, tightness of the chest, especially at the bifurcation of the trachea—increase of cough, with frequent hawking up of thick, tough, yellowish, whitish, mucus. In another case the larynx was still more affected. A sense of pressive aching was followed by tickling, which extended to the throat and ears, and at night amounted to burning and scraping in the throat, and upper part of the larynx.

Among the workpeople, whose cases were studied by Dr. Drysdale, the bronchial symptoms were more marked than the laryngeal.

Cases of bronchitis have certain fundamental symptoms common to all of them, but you must not, you cannot, with success, base your prescription upon these. Because a drug gives rise to a state similar to bronchitis, it does not follow that it will cure all cases of that disease. It is only that kind of bronchitis, that particular attack, where the symptoms are like—and the nearer like the better—those a given drug will produce, that you can expect to cure with that drug. It is from the want of recognition of this fact that so many failures occur in endeavouring to put the homœopathic theory into prac-

tice. It is from the same cause that disappointment so often arises in testing the assertions, frequently met with now-a-days in works on *Materia Medica*, which have originally been obtained from the observations of homœopathic physicians—assertions which are true enough in themselves, but only true when applied with the precision with a careful application of the law of similars involves.

To say, therefore, that bichromate of potash will cure bronchitis is true enough, but it is only a half-truth—one that requires to be supplemented by a description of the kind of bronchitis of which it is remedial. Hence, I will endeavour to point out to you, with some degree of minuteness, the bronchial condition to which this salt is homœopathic.

In the first place, it general commences with a catarrh, which has traveled down the mucous membrane from the nose or throat into that lining the bronchi or bronchial tubes. The cough is loud and harsh, worse in the morning and attended with expectoration of *tough* mucus. This mucus is in various stages of degeneration, sometimes white, at others dark, even blackish, at others yellow; but it is invariably tough and difficult to detach, and capable of being drawn out into long strings. At the same time, there are pain, weight, and soreness at the chest, with marked dyspnœa and oppression.

If, at the same time, your patient presents symptoms of indigestion, and a disordered state of the biliary function, as indicated by a tongue thickly coated with yellow fur, weight at the epigastrium, sour and flatulent eructations and constipation, this medicine will be still more clearly indicated, and you may prescribe it with the fullest confidence of doing good.

From this account you will see that it is mostly in cases of sub-acute and chronic bronchitis, with a low type of inflammation, tending as it were, to ulceration, that this salt is useful.

In laryngitis, too, it is well indicated, and has proved most serviceable. I do not think that it is ordinarily useful in croup. At the same time, here also, we meet with cases where it is indicated and has proved curative. Dr. W. E. Payne, an American physician, writing some thirty years ago, described an epidemic of croup as occurring in the town where he lived, in which the medicines he had commonly found useful, had utterly failed him. A study of the pathogenesis of bichromate of potash led him to prescribe it, and with this alteration in his prescription the tide turned, and his patients recovered. As I read his account of the epidemic now, it appears to me to have been one of diphtheria, and not of that membranous croup which is encountered by *Aconite*, *Spongia*, or *Iodine* and *Hepar*. In this epidemic, the characteristic symptoms of the cases, in which the bichromate was successful, were their low type of inflammation, the restlessness of the child, the plugging of the left nostril with thick white mucus, and the covering of the tonsils with a thick white tenacious mucus. As I have said, it is probable that they were in reality what we should call diphtheria; and, in some instances of this disease of a specially low type, and where we have an imperfect, ill-developed, false membrane occupying the nares, as well as the throat, bichromate of potash has frequently been useful.

The pharyngeal symptoms, produced by this salt, are indicative of a low type of ulceration. Besides the usual stinging and sore pains in the tonsils, we have objective signs of great value. The uvula is elongated; on the fore part of the palate are single circumscribed spots of the size of a barleycorn, coloured red, as if little ulcers were about to form; a long continued erythematous blush covered the fauces and soft palate. In another case, the uvula and tonsils became red, and swollen, and painful, and finally ulcerated. This man, a workman in chromate of potash works, was seen by a surgeon, and his symptoms were by him attributed to syphilis. It is

in syphilitic disease of the throat that this salt has proved one of the most efficient of remedies. In simple catarrhal ulceration, and in ulcers arising from the presence of the syphilitic poison you may very frequently obtain the best results from it.

In poisoning by the bichromate of potash, the digestive apparatus is thoroughly disordered. The tongue is thickly coated, posteriorly especially, with a yellowish or yellowish-white fur, when the gastric symptoms alone are present; when the inflammation proceeds further down, and we have gastro-enteritis, it is dry and dark-brown furred; when intestinal ulceration has been set up, it is smooth, red and cracked.

Salivation is also prominent, and at the same time thirst, and a coppery, sour, bitter taste, especially after meals. Ulceration of the buccal membrane and of the tongue are equally marked symptoms.

Nausea and vomiting are constant symptoms of the disordered state of the stomach induced; a state that may be described as varying from a simple catarrhal dyspepsia, to absolute gastritis and ulceration. The nausea of the bichromate of potash is worse on motion, produces a sense of faintness, and an uneasy, painful sensation in the stomach, with a sense of weariness. It was by several provers compared to that of sea sickness. The vomiting is attended with pressive, burning pains in the stomach. The matter vomited was yellow, bitter and bilious in some instances, in others clear and watery, and in others bright arterial blood. The vomiting was accompanied by giddiness, a burning pain in the head, and cold perspiration on the hands and other parts of the body.

Taste is perverted, being metallic, coppery, saltish, sour or bitter. Thirst is generally considerable, but in one instance the gratification of the desire for water was followed immediately by an increase of nausea. Appetite for food is generally destroyed, and always capricious. A meal is followed by nausea, eructations, gastric distension, and increased flow of saliva. The pain in the stomach after food deserves marked attention. It comes on soon af-

ter taking food, commonly within half-an-hour. Its character varies with the dose taken, being in some instances violent and burning, in others resembling a sense of distension. It is situated over the great curvature of the stomach, some three inches below the ensiform cartilage and, after its subsidence, there frequently remains a soreness on pressure. In nearly all instances the pain is attended with vomiting.

As I remarked just now, these symptoms all point to the power of bichromate of potash to give rise to various degrees of irritability of the stomach of a kind similar to that met with in some forms of dyspepsia of the catarrhal order, of well marked gastritis, and of erosion, if not of actual ulceration of the stomach. The post mortem appearances obtained from experiments on the lower animals show that these are the forms of disease which are produced. Moreover, just as the symptoms observed in the human subject would suggest, the bulk of the mischief is at the cardiac end of the stomach. Dr. Drysdale, in his original paper on this drug, published in an appendix to the British Journal of Homœopathy, says, "At the cardiac orifice and central portions of the stomach were extensive chocolate coloured superficial ulcerations. The pyloric extremity was more healthy."

In Fig. 2 of the plate accompanying this paper, you will see the kind of destruction wrought by the bichromate in the cardiac extremity of the stomach of a dog.

Producing little or no irritation around the pylorus, bichromate of potash sets up considerable irritation in the duodenum, the colon, and rectum. In the duodenum, this is especially well marked. Post-mortem appearances have displayed inflammation extending to ulceration. The symptoms of provers, likewise, the pain and tenderness in the upper portion of the abdomen, the vomiting of excessively bilious fluid, and the diarrhœa, suggest the presence of irritation in this part of the intestinal canal. Duodenitis is rare as an idiopathic disease, though not unfrequently met with after severe burns; while catarrhal inflammation of this part is not an uncommon cause of jaundice, a condi-

tion which, though not set up in full by this salt, is one of the initiative stage of which the marked pain in the liver and the pale stools produced by it, hint that it does give rise to. Hence in the duodenitis following burns, and in the duodenal catarrh, which precedes some cases of jaundice, the bichromate will be indicated and found useful.

Both the symptoms observed during life and the post-mortem appearances afford evidence of severe enteritis being occasioned by the bichromate. Abdominal pain is violent, pinching and sore; the abdomen is sensitive to the least pressure; frequent bloody motions, with gnawing pain at the navel, and ineffectual straining after stool, have been observed; the tongue is red, smooth and cracked; all these symptoms point to enteritis of a severe type. Associated with them we have a certain amount of fever. The skin is hot and dry; heat alternates with cold; and in instances where the symptoms were especially painful and severe there was the sweat of exhaustion. In experiments with dogs, post-mortem examination showed redness of the mucous membrane of the ileo-cæcal valve with blackish spots upon it; the colon and rectum were also reddened.

In its action upon the colon and rectum, bichromate of potash strikingly resembles corrosive sublimate. In the former the pain is less burning than in the latter; the discharges of blood neither so frequent or profuse, and the prostration is less considerable. It is in the less severe forms of dysentery that the bichromate has been most frequently used; but in all cases of that disease it is a medicine deserving of careful consideration when prescribing.

The action of this salt on the liver is fairly well marked by the symptoms it produces, but still more so in the post-mortem appearances that have been noted.

Thus in the Hahnemann Materia Medica, Dr. Drysdale gives the following summary of the appearances found in some of the lower animals poisoned by it.

“In two the liver was dark brown, very friable, and full of blood. In most the gall bladder was full of bile. In another the surface presented the appearance of alternate very dark and pale patches. The section had a mottled appearance. Scattered over

both surfaces were numerous spots of a whitish yellow colour about the size of a pea, slightly depressed, and of a softer consistence than the surrounding structure. When cut into they were found to extend into the substance of the gland in a globular form. In a fourth both surfaces of the liver were studded with yellowish spots of a spherical shape, the size of large peas, reaching from one quarter to half an inch into the substance of the gland. Where they touch the surface there is a slight depression or indentation showing a loss of substance. They are of a softer consistence than the surrounding parenchyma."

It may be difficult to recognise such a condition during life, but it is foreshadowed by the pain in the region of the liver, an anæmic cachectic appearance, and the absence of bile in the stools.

When associated with the dyspeptic symptoms characteristic of the bichromate, acute disorder of the liver will often be much benefited by this salt.

The bichromate of potash, therefore, you will think of when you meet with cases of simple catarrhal dyspepsia, especially when the catarrhal influence pervades the entire mucous tract, in ulceration of the stomach at the cardiac end thereof, in inflammation of the duodenum after burns, in gastro-enteritis and dysentery as well as in some obscure cases of hepatic disease.

The congested condition of the kidney is sufficiently well marked by the symptoms noted in provers, and is very well pronounced in post-mortem examinations.

Pain in the loins, knife-like, and aching, with frequent desire to micturate, but with only scanty, and in some instances no result, are common in provers of large doses. With these symptoms of kidney disturbance, we have vertigo and other pains in the head.

I am not aware that albumen has been found in the urine as the result of taking this salt, but that the kidney is congested, and the secretion of urine is suppressed by it is beyond doubt. Dr. Drysdale utilised these indications with admirable effect in the epidemic of cholera, which prevailed in Liverpool thirty years ago. The suppression of urine, which occurred in so many instances was generally rapidly relieved by the bichromate.

The irritant action of this salt upon the skin is especially well marked, while its use as a remedy in some forms of ulceration has been most encouraging. This irritant action, be it observed, is not merely local, not merely the consequence of direct application to the part, but is excited when introduced into the body by inhalation or through the mouth; while, in those cases where it has been set up by direct contact, the eruption, and consequent ulceration, is not confined to the part where the direct contact occurred, but is diffused over the body. Subjective symptoms of skin irritation were frequently noted in voluntary provers and, in one or two, such as are objective also. Burning and itching of the face and body; burning on the outside of the leg, are characteristic of the former. The following symptom is from the late Dr. Rutherford Russell's contribution to Dr. Drysdale's, proving: "On the night of the 2nd he had considerable itching of the hairy parts of the genitals; it increased to inflammation of the skin and the formation of about 20 pustules, the size of pin heads, which were clustered in the space of a square inch. Next day it continued all day and was very troublesome, causing him to scratch constantly, On the 4th and 5th the pustules formed little ulcers, and ran together into one which discharged matter; and there were severe shootings in it, waking him at night. It healed up in five or six days."

These symptoms describe a pustular eruption, tending to coalescence, with rapid destruction of tissue, burning and stinging pains.

When the quantity of the salt is much greater than that taken by the voluntary prover the tendency to ulceration is proportionately more considerable. It commences by a pustular eruption which is observable in different parts, and on either side of the body. The pustules coalesce, scab over, and on removal of the scab a small ulcer is revealed. These ulcers vary in size from that of a pea, to that of a half-crown, they are generally dry, of an oval form, with overhanging edges, have an inflamed bright red areola, hardened base, moveable on the sub-

jacent tissues, with a blackish spot in the centre. While these patches of ulceration may, as I said just now, appear on any part of the body, they do so with especial frequency immediately below the nail, and are then extremely painful. The ulcer most readily yielding to the bichromate are such as are small in size, occur in groups and are painful and irritable, especially at night.

Its use externally greatly facilitates the cure, but it must be applied with great caution. A grain to four ounces being a solution fully strong enough for the purpose, for when there is a largely denuded surface anything much stronger has been found to give rise to severe pain. In ulcerations under the nail it is an invaluable remedy. A few week ago I saw a striking illustration of this in the case of a young lady, who had in consequence of such a sore under a finger nail, been prevented from using her piano for two or three weeks. The application of a weak solution of the bichromate completely healed this troublesome and painful sore within forty-eight hours.

In some instances of pustular eruption, where the tendency is to coalescence and the formation of a scab, with a pus secreting ulcer beneath it has been used with much success—especially in syphilitic cases,

In this review of the pathogenetic action and therapeutic uses of the bichromate of potash, you cannot fail to have noticed how similar are many of its symptoms and objective signs to those characterising secondary syphilis—the sore throat which has been mistaken for the syphilitic form, the periosteal pains, the rheumatism, and lastly the skin eruption—papular, pustular with a hard dark scab and depressed cicatrix are all very similar to the phenomena presented by secondary syphilis. In many such cases you will find it invaluable.

The following case, recorded by Dr. Drysdale, in the *British Journal of Homœopathy* (vol. xv.) is a very good example of the power of the chromate of potash in the acute stage of syphilitic nodes—in such as are chronic

you will be more likely to find *Aurum* or its muriate more serviceable.

"A florid red-haired woman. Her husband had syphilis before marriage five years ago. She never had any primary sores on the genitals, though she had sore throat and ulcer on the lips. The first two of her four children were premature and still-born, the two last delicate. She is now nursing the last six months' infant, and her general health is pretty good. For two months has had a red and painful doughy swelling on the right shin; it is tender to the touch, and after standing, but is especially painful at night when the gnawing and scraping pain keeps her long awake. On the other leg there is a swelling like a boil. She has also leucorrhœa and itching at the vulva, otherwise well.

"*Prescription*.—One grain of 1st trit. of *Kali chrom.* three times a day. In eight days the node was found very much better, being colourless, small, and without pain. She stated that the pain and inflammation began to subside next day, and gradually went off, so that she had been able to sleep well and had no pain for the last five nights. The itching of the vulva was also nearly gone. The medicines were continued in the same way, and in seven days more the node was reduced to a slight thickening, quite painless. The boil on the other leg had, however, increased, and seemed inclined to suppurate. The *Kali chrom.* was given up and other remedies given.

This salt has been used by different practitioners in various doses. For my own part I prefer the 3rd decimal trituration as being sufficient for curative purposes, and unlikely to excite, save in very sensitive persons, any physiological action. At the same time I have seen admirable results from the 6th dilution. As a lotion a quarter of a grain of the pure salt to an ounce of water forms a solution amply strong enough.

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## EUCALYPTUS GLOBULUS.

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PROVING, BY MORRIS WEINER, M. D., BALTIMORE, MD.\*

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This tree has been extensively used, in Europe as well as here, as an antiperiodic, in place of Cinchona. In Allen's *Encyclopedia* we find provings, which give no distinct indications of its use in practice, but are, nevertheless, sufficiently prominent to induce additional experimentation.

I took one ounce of the leaves of the Australian fern, or gum-

\* Read before the Maryland Homœopathic Medical Society.—*Hahnemannian Monthly*.

tree, to one ounce of strong Alcohol (95 per cent.), and made a tincture, which I used in the two following provings; one being made in June last, and the other in October. Was perfectly healthy, sixty-nine years old; pulse 60.

June 1st, 1880.—Took ten drops of the tincture, in a teaspoonful of water, at 10 A. M. Sore pain in the upper incisors after ten minutes; taste for several hours bitter and astringent; raw feeling of the tongue; burning in the sternum and bowels. Ten drops, 6 P. M.; bitter, pitchlike taste; difficulty in falling asleep.

June 2d.—Sixty drops of tincture; stool natural, but insufficient; tips of fingers very cold; chills running down the back; soreness of both heels, as if I had walked too much. One hour after taking the drug, stitches in spleen and left inguinal region; sore pain in trachea and posterior nares during empty swallowing, from 8½ P. M. until midnight; burning in the palms of the hands; feverish all over; pulse 76.

June 3d.—Sixty drops of tincture; sore pain in trachea and posterior nares, continued during empty swallowing; tips of fingers very cold; palms burning hot, very feverish. Pulse 76. Stitch in the sole of left foot, near the great toe; tingling in the lower extremities, as if they were asleep; flushes of heat, with sudden perspiration; unusual drowsiness during the day; difficulty in falling asleep; unusually sleepy in the morning, as if I had not slept at all.

June 4th.—Thirty drops of tincture; asthmatic, with crampy feeling in the chest and back; pulse 75 (in the evening, regular, 60). Thirst; pulsation in the forehead and giddiness.

June 5th.—No medicine; posterior nares greatly inflamed and smarting; thick whitish discharge in hawking; violent sneezing three and four times in quick succession; mental depression. Urine much diminished; no urination during the night, a circumstance which had not previously occurred for years, and next morning less than the usual amount. Tickling and smarting in the throat; short, hacking, incessant cough in the evening; weak feeling in the chest; expectoration scanty, transparent, tasteless, mucus. Soreness of the lower lip. Palms of the hands burning, which creates a desire to grasp cold objects; flushes of heat; sweat towards morning. Very weak feeling, which lasts for several weeks.

A second proving of the drug, continued from October 7th to October 11th, 1880, developed the same symptoms. Burning of the palms of the hands; chills running down the back and posterior sides of the legs; eructations tasting of the drug; cold fingers. Pulse 76. Nightsweats. Loss of appetite during the time of proving; thirst; throat-symptoms the same as observed during the first proving.

## American Observer.

E. A. LODGE, SR., M. D., DETROIT, MICHIGAN, EDITOR.

### TRUE (?) HOMŒOPATHY.

The *Homœopathic Physician* of March, 1881, gives a report of the treatment of C. H. B. who had 18 years previous been troubled with syphilis. His daughter æt 13, and son æt 9, had some eruptions and Dr. Frances Burritt, who reports the case says: "Thinking that the children had been poisoned by the atmosphere while the father was sick (as they had never had any eruption before) gave to each of them one dose of Syphilinum 1 M."

Will Dr. Burritt, or Editor of "*Homœopathic Physician*," or some other "purist" be kind enough to tell us:

1. Is the matter of Syphilis a *pure* homœopathic remedy?
2. Is it homœopathic to syphilis or its consequences?
3. When and by whom was it introduced into homœopathic practice.
4. Was this young lady told that she was taking the matter of syphilis as a medicine, and if not why not?

The same number of the *Homœopathic Physician* contains a paper upon Fatal Errors by Dr. Ad. Lippe, which commences by saying: "It is a fatal error for a professed homœopathic physician to administer crude doses of Chininum sulfuricum for the cure of intermittent fever, or for any other purpose." In the same article he says: "It is a fatal error for a faculty to permit one of its members to teach a fatal error." \* \* \* It is a fatal error of the trustees of a Homœopathic College to allow such pernicious teachings. \* \* \* Let us now, while it is yet time, correct this fatal error; let us denounce every homœopathic physician who administers Quinine as an apostate; and a professor who by his teaching leads the way to such abominable practice as undeserving the trust he holds."

In the same paper Dr. Ad. Lippe refers to a "Caricature in the history of medicine. But what of the representation of *pure* homœopathy in this number of *The Homœopathic Physician*, specially designed to exhibit *purser* homœopathic practice than the other jour-

nals. Ready to anathematize a physician who uses Quinine in appreciable doses in intermittents, calling such practitioners apostates, and their practice an abomination, and yet advising the use of the matter of syphilitic ulcers as a medicine! Is not this "*Straining out a gnat and swallowing a camel?*"\*

The same number page 108, contains an admirable reference to "The Hering Memorial." "A small sum from each of the reported 6,000 physicians, will fulfill their duty" (showing their gratitude.) But here again is the exhibition of the caricature, or blind bigotry. Appealing to the 6,000 physicians on one page and on another insulting nine-tenths of them by calling them "*mongrels.*"

#### EXTREMISTS.

The following article, an editorial, by H. R. Arndt, M.D., of *Medical Counselor* is so pointed we reprint it entire.

As a general thing, the quarrel between the extremists in our school can only pain the men who occupy a neutral territory; occasionally, we see the funny side of the question; it is when some leader, carried away by the fervor of his zeal for the cause, drops from the sublime to the ridiculous.

Some time ago, a certain publishing house concluded to undertake the publication of a biographical volume, "*The Homœopathic Physicians and Surgeons of America,*" intrusting the editorial work to Drs. H. N. and J. C. Guernsey. It is not known who is responsible for the conception of this enterprise, and it remains a matter of speculation to determine whether Drs. Guernsey found the publishers, or whether the publishers, knowing the weak side of human nature, saw money in the scheme, and secured the assistance of Drs. Guernsey; but no one will or can deny that two better men could not have been selected. The publishers scattered circulars all over the country, appealing to the profession for co-operation and making many enticing promises. Some men, we are sure, saw no necessity for such a publication, and saw many reasons why such a work should *not* be published—and we belong to that number; others, we presume, hailed the project as one of the grand events of the day; but the thing was permitted to drift. Everything was calm and serene—at least on the surface—until a strange thing occurred; somebody was struck; it was a thought that struck him.


A gentleman who is respected for his sincerity by all true men, who is venerated by all upon whom the history of an earnest and active life and the dignity of ripe old age are not utterly lost, one whose cardinal fault lies in his strong prejudices and in his intolerance of the opinions of all who dare differ with him, such a gentle-

\*The common translation is straining at.

man was musing upon the fatal errors which have brought his beloved science of homœopathy to the verge of ruin. We say "which have brought," etc., because we express the opinions of this venerable gentleman, not our own. Were we to express an opinion, we would deny the very danger of ruin, so long as there are men living who dare fight extremists high or low; we would claim that our colleges, at this writing, teach a purer homœopathy than was taught ten and fifteen years ago; we would solemnly assert that the spirit of the homœopathic doctrine of healing the sick is becoming stronger and stronger each blessed day, not because this venerable gentleman has assumed the duties of a divinely-appointed champion of true homœopathy, but because Truth grows and keeps on growing by virtue of its own inherent, God-given vitality.

The result of this gentleman's musing is by him formulated in about the following language: "It would be strange if the followers of Hahnemann, the adherents of his strict inductive method, should permit their names to be published alongside of men, who are homœopaths only in name, thereby indorsing all these various shades of *pretenders* as full-fledged homœopathists. Can that fatal error be committed?"

Now, there is, at first glance, nothing particularly funny about this. Indeed, we sympathize with the general tenor of the above statement, for our cheek has often burned with shame, and our lips have often trembled with indignation at the manner in which inconsistent and ignorant men of *both* extreme wings of the school have by their practice disgraced themselves and cast a stain upon the fair fame of our science. The amusing feature lies partly in the fact that the venerable writer referred to would act as an high court of appeals, and would base his official action upon an assumption of his own personal infallibility; he would include, within a sharp line, a very small principality of his own, adopt into his household the very small number of men who are willing to indorse *all* of his views, and would cast into the pit of utter contempt every man or woman who would seek to detract one jot or tittle from his own interpretation of the truths of homœopathy. It does not seem to occur to the venerable gentleman that even his best friends differ from him in many respects; the number of those who indorse him without qualification is very limited, and the honored writer of whom we are speaking commits the fatal error of mistaking, frequently, toleration for enthusiastic support. It is amusing to think that in his zeal the venerable gentleman overlooks the fact that for once his complaints cannot be heeded, his warnings cannot be taken to heart, his sympathizers cannot help him. The "fatal error" must and will be committed if the book is published at all. Were the venerable Dr. Lippe to act as censor, with autocratic powers, and had he the courage to enforce his own views and rules—and we know that nothing else



would make him quite so happy—the venerable doctor would find about one score of men worthy of having their names entered into this homœopathic book of life, provided (1) he does not confine himself to this continent, (2) he has facilities which no living man possesses, i. e., of looking into the hearts, the brains, the daily practice of his professed followers. There would then be a market for about an equal number of copies of the book, and the publishers would undoubtedly reap a rich harvest! And what a book it would make! What wonderful cures, what a record of startling discoveries in the various departments of science, known and unknown. Berridge turning the sun and the moon into a first-class apothecary shop, and reveling in the marvelous powers of Nix; Swan committing assault upon his neighbor's female dog, not from viciousness, but animated by a noble desire to do good to his race by potentizing the milk of the unsuspecting bitch; Fincke, longing for a first-class proving of an infinitesimal dilution of hydrant-water. Not one of the elect but could point to some feat accomplished, which no sage of old and no living man of good sense ever imagined in his boldest dream!

And yet, there is a vein of sadness in it all. We fear that the venerable dictator would have to exclude many a noble name from *his* list of worthies. Dr. H. N. Guernsey is an old man, universally respected and trusted, and a most uncompromising Hahnemannian; if we interpret correctly the advertisement of Messrs. Robson & Co., the editors of the forthcoming work must expect to go for their material outside of the International Hahnemannian Association—and could such a fatal error be forgiven? Dr. Skinner, another uncompromising Hahnemannian, admits that a true cure may be wrought by the exhibition of the indicated remedy in a *low* attenuation; Is not this treason? Nay, grand old Hering was opposed to a schism and expressed his horror of a division in our ranks in plain words of condemnation, while the venerable Dr. Lippe pleads no higher motive than expediency when justifying the action of the International Hahnemannian Association in retaining membership in the National Institute; were Lippe to be the censor, father Hering, were he still with us, would have to remain in the cold, or the venerable censor would be forced into inconsistency.

Alas! there is no help for it! They will have to take them all, the lame, the blind, the deaf, the dumb! Else they will have to be contented with a tiny, little bit of a paper-covered pamphlet, the only merit of which will lie in the sensational style of its contents!

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INTERNATIONAL HOEOPATHIC CONVENTION.—Our readers are referred to a notice upon page 186 present number. Dr. Edward Hamilton has resigned the presidency and Dr. Richard Hughes has been appointed instead.

## NEW YORK OPHTHALMIC HOSPITAL.

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The twenty-ninth annual commencement and reception of the New York Ophthalmic Hospital on Twenty third street, corner of Third avenue, took place at that institution April 7, 1881, in presence of a numerous assemblage. Mr. Thomas C. Smith, the president delivered an address, in which he alluded to the progress of the hospital during the nine years of its existence. During the first year 1,600 patients were treated for diseases of the eye, ear and throat. Since then the number of poor patients has been increasing annually, owing, as he believed, to the failure of the Board of Health and the Department of Buildings to properly perform the duties for which they were organized. Owing in a great measure to this cause, the number of poor people attending the hospital daily for treatment of the diseases mentioned was greater than could be accommodated and more room was needed, or else the work of the hospital must necessarily be contracted. If the public would only assist the directors in their work of treating these poor people every dollar contributed would be expended where it would do the most good.

Professor George S. Norton, M. D., addressed the meeting in behalf of the faculty, explaining that previous experience as a practitioner of medicine was requisite for eligibility to admission and mentioning the course of studies to be pursued by the students before they were entitled to a diploma, the right of the hospital to grant such having been conferred by the Legislature about two years ago. An address was also delivered by Rev. G. C. Ezra.

President Smith presented diplomas to the following graduates:

Brown, E. C., M. D., Ann Arbor, Mich.

Moffat, E. V., M. D., New York city.

Moffat, J. L., M. D., Brooklyn, N. Y.

Peterson, A. C., M. D., San Francisco, Cal.

Wilson, W. F., M. D., Chariton, Iowa.

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THE FIRST HOUR OF THE DAY.—Dr. James Hamilton relates that BOERHAAVE was once asked by his friends how it was he could possibly go through so much work from day to day and be so tranquil through so many fretting scenes, he told them that his plan was to devote the first hour of every morning to prayer and meditation upon the word of God.

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HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF MICHIGAN.—The 12th annual session will be held in the city of Ann Arbor, on Tuesday and Wednesday, May 17th, and 18th, 1881. This promises to be the largest and most profitable meeting that the society has ever held. It is confidently expected that the already large membership will receive numerous accessions this year. Blank applications for membership can be obtained from the Secretary. The membership fee is \$2.00 and when elected this fee entitles the new member to a fine lithograph "Certificate of Membership." Visitors will be most cordially welcomed.

R. B. HOUSE, Sec.

## A CARD TO THE SUBSCRIBERS OF HEMPEL AND ARNDT'S MATERIA MEDICA AND THERAPEUTICS.

Mr. W. A. Chatterton desires to state to the profession, and especially to the advance subscribers of Hempel and Arndt's *Materia Medica*, that the delayed appearance of Volume II. of the above work is due to a number of causes utterly beyond the control of the publisher and of the surviving author. He would make particular mention of the following:

It has been necessary to rewrite entirely the second volume for the purpose of condensation. This very large amount of unexpected labor involved would have proved a less formidable item, had not Dr. Arndt suffered much from indisposition and had not much of his time been occupied by severe sickness in his family.

Mr. Chatterton has suffered much from ill-health during the summer and fall of 1880. He is now recovering from a very severe and tedious illness, which has confined him to his bed nearly six weeks.

The work is, however, well advanced toward completion. Mr. Chatterton hopes soon to be able to give his personal and close attention to his business, and it will then only require a few weeks to finish a work which he is exceedingly anxious to place into the hands of the profession.

**ENDURING.**—A doctor who is true as steel, possessing an iron will, some gold, and a fair portion of brass, will be able to endure the hardware of practice.

## Obstetrical Observations.

J. H. MARSDEN, A.M., M. D., YORK SPRINGS PA., EDITOR.

### PUERPERAL CONVULSIONS.

Prof. \* \* \* \* was called about ten days ago to take charge of a case of approaching confinement. The lady was remarkably strong and robust, was in perfect health, had never been sick a day in her life, and had never taken a dose of medicine of any kind.

Prof. \* \* \* \* gave directions to the husband about examining the urine, telling him he always made it a routine practice to make examinations of the urine during the latter weeks of pregnancy. The lady supposed labor would be due in about two weeks, this being her first confinement.

The urine was examined and found to be normal, but after this no examinations were made, the husband neglecting to carry out the doctor's directions, through some misunderstanding on his part.

Some days afterward, early in the afternoon, the husband came to Prof. \* \* \* \* stating that his wife was suffering from a constant pain in the epigastrium, extending across the abdomen on both sides, the result, he supposed, of eating an apple, which had nauseated her and had been thrown up, entirely undigested. The doctor sent her a placebo, supposing it to be simply a case of indigestion.

At 8 P. M., the same day, her husband came back to the doctor,

saying that his wife still suffered from the pain in the epigastrium, and had also a dull heavy pain in the temples and occiput. The doctor sent her a prescription for the pains in the head, thinking that they were also a result of indigestion.

About midnight the lady's husband came back in great haste, saying that she had had a "spasm," was then unconscious and did not know him, and was suffering severely. On going to the patient Prof. \* \* \* \* found her in convulsions (puerperal). These extended over the whole body, and were accompanied by rolling of the eyes, etc. Finding that no examination of the urine had been made, he took a little of the patient's urine in a spoon and heated it when it became entirely solid, showing large quantity of albumen.

The patient was now in a second convulsion. In the interval between this and the first, which was 1 hour 40 minutes, she had been conscious, but after that was only semi-conscious, answering if spoken to sharply, and then relapsing into the former state. The doctor now gave her a dose of bromide of potassium as a sedative. This having no effect he administered chloroform; but the patient showing great opposition and taking it very badly, he gave a subcutaneous injection of morphine. This quieted her, and she slept like a child for three or four hours, when another severe convulsion came on which could not be relieved by any means whatever. The pulse being hard, full strong and frequent, with strong pulsation of the carotids, eyes wild and staring, he performed venesection to reduce the tension of the arterial system, withdrawing sixteen ounces of blood. This was done early Saturday morning, and with the consent of Professor \* \* \* \* who was called in consultation. The pulse immediately became soft, less frequent, and apparently normal. She remained quiet all day Saturday in a semi-conscious condition. Could be aroused if spoken to sharply, and would answer questions but irrelevantly.

Made an examination Saturday and found the child alive.

Early Sunday morning made a sub-cutaneous injection of Ergot, the strong extract, to bring on delivery, this being deemed necessary to save the mother's life. Also passed a gum-elastic catheter between the membranes and the wall of the uterus; but delivery did not take place till Monday morning at 4 A. M., when it had to be terminated by forceps. Child (male) was dead, and partially decomposed, patches of skin coming off from the body during labor.

Some hours after delivery, while resting quietly in bed, the mother suddenly gave a lurch to one side of the bed, commenced to grasp at the throat and chest as though suffocating—gasping for air—while jactitations of the muscles and picking at flocks set in with dyspnœa. She became so exhausted that at the end of five minutes she could hardly move, but the gasping for air still continued, with pale face and great prostration. She died in twenty minutes from.

the beginning of the attack. During the attack brandy and ammonia in large quantities were injected into the veins; quinine was given internally, and pure chloroform applied to the abdomen, as well as strong mustard plasters, with friction of the extremities, etc.

Cause of death—Primary cardiac thrombosis (?) Clot of blood plugging up pulmonary artery.

#### EDITORIAL NOTE.

The above is really a sad case. What could be more sad than the death of a young woman in her first confinement, under such painful circumstances?

There are several points in the course of this treatment open to criticism.

1. The supposed indigestion should have been treated, for the irritation of the nerves of the stomach from the eating of the apple was probably the *proximate* cause of the convulsions—the *remote* cause, perhaps the previous action of a blood poison.

2. The sub-cutaneous injection of no doubt, a *large* dose of morphine was about as wise as the conduct of the ostrich in burying her head in the sand to elude the pursuit of the hunter. The severe and uncontrollable paroxysm that followed showed that nature rebelled against such treatment.

3. This led to a profuse abstraction of blood, followed by no apparent good result, and doubtless through its prostrating effects, preparing for the final fatal result.

4. The ergot given to bring on uterine contractions in order to effect delivery, we strongly suspect had something to do in the formation of the heart clot which was probably the immediate cause of death.

The case certainly furnishes a very fruitful theme for a profitable dissertation, but we forbear further remarks at present.

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PERIOD OF GESTATION.—Dr. Lewis in the American Journal of Obstetrics gives an instance where the period of gestation was extended to 341 days!

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SAENGER (Weekbl. v. k. Nederl. Tijdsch. v. Geneesk. 1879, 10 *Dutch. International J. Med and S.*) diagnosticated in a woman, 21 years of age, who had been married four years, a uterine myoma on the right side of the organ, and performed laparotomy on account of violent, constantly increasing dysmenorrhœa. After extirpation it was found that he had removed a rudimentary uterine horn filled with tar-like blood, connected by a solid band with the uterus. Recovery and relief of the dysmenorrhœa followed.

## CASES FROM PRACTICE.

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DR. C. H. LEE, NEWCASTLE, PA.

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Case I. Was called December 17, 1873, to attend Mrs. E., in confinement, found breech presentation; labor progressed favorably and a male child was born; on lifting the child up it doubled up and fell out of my hands: on examining it I found it had "Spina Bifida" in the lumbar region; tumor size of large apple; hard and tense, of a bluish color. On the fifth day the tumor suddenly burst and the child died in convulsions. On examining the tumor the lumbar vertebræ were all wanting, the *spinal cord and nerves were quite visible*.

Case II. Nov. 12, 1874. Was called again to attend the same lady in confinement; child born, vertex presentation; fine healthy looking male child, on turning the child over to see if it was perfect, I found "Spina Bifida" in the region of the lumbar vertebræ—not quite as large as the former child. On the fifth day tumor burst, child died in convulsions: all the lumbar vertebræ missing. The latter part of Nov., 1875, the lady called at my office, stating that she was pregnant again, and felt a soreness in the uterine region just below the umbilicus; the same trouble existed when she was pregnant with the other two children. I kept her on Arnica, 3d, and Calc. phos., 3d.; alternate week about, a powder at night on retiring. May 18th, 1876, she was delivered of a fine, perfect, healthy male child.

Case III. May 28th, 1876, was called to attend a sister of the above lady; first confinement; labor natural. She gave birth to a strong healthy female child, but the right hand and wrist to the middle of the forearm was wanting, the left side from shoulder to the middle of the thigh was denuded of skin and looked like a raw piece of flesh, with here and there a cicatrix, like the healing of a burn. She gave me the following reasons why the child was deformed, viz.: A few months before she was

married, Dr. J. H. McClelland, of Pittsburg, and myself amputated the hand of an old man of 73 years of age, he recovered, and called to see her when she was two months pregnant. She asked him to show her the arm, he did so, and made a motion at her as if he was going to strike her, which frightened her. A few days after this, her husband was butchering a calf and was cleaving it in two with an axe, and it frightened her and she clapped her hand to her side and ran it down to her thigh. The stump of the child's arm is exactly the same shape as the old man's—having the same cicatrix on the end of the stump.

Case IV. I attended another lady in confinement; labor natural; large, fat, robust female child, but the child had no neck; head set close on the shoulders; nose flat; eyes were up above the forehead, along the edge of the hair of scalp, they protruded like "pop eyes;" child lived but a few moments. She said she got frightened at a bull frog jumping towards her unexpectedly, and during her whole pregnancy she was worried about it.

#### NOTE BY THE EDITOR.

We are glad to notice the apparently increasing interest felt in the treatment of the foetus from the earliest stage of its existence, with a view to prevent malformations and defects of organization. We have lately seen an interesting paper upon this subject by J. C. Burnett, M. D., read before the British Homœopathic Congress. In the same direction I think we are to look for the remedy, if any exists, for the prevention of hereditary disease. I have, some time since, directed the attention of the profession to this subject (see *Hand-book of Practical Midwifery*, p. 26 et seq).

## Pharmacology.

### FLUXION DILUTIONS.\*

BY ELDRIDGE C. PRICE, M. D., BALTIMORE, MARYLAND.

In an article entitled "Our Materia Medica," which I read at the last annual meeting of the Maryland Homœopathic Society, and which was published in the January number of the New York *Homœopathic Times*, I state that to make the 100,000th potency of a drug, the shortest time required is exactly 34 days, 17 hours and 6 minutes; I also ask, "How many drugs have reached this attenuation?"

I think I can safely say, none.

Dr. S. A. Jones has most satisfactorily proved that fluxion preparations are simply dilutions—not potencies or dynamizations—lacking entirely the friction element, which is essential to the proper subdivision of matter, or, as others say, the development of the subtle force which exists in high potencies. Accepting whichever theory we please, we must acknowledge that friction is necessary to the potentization of drugs. Without it, many molecules of the menstruum are not brought in contact with those of the drug.

A drug simply diluted to any degree we may choose, is therefore not a *potency*, unless friction has been applied in each degree of the process.

Again, Dr. Jones has shown that a moderately high fluxion preparation does actually contain as much drug substance as a very low Hahnemannian preparation. The reported cures by very high fluxion dilutions are, therefore, really produced by either, 1st, the patient's imagination, or, 2d, infinitesimal particles of drug substance that happen not to have been washed out of the fluxion

\* Hahnemannian Monthly, March, 1881.

apparatus, and are analogous to particles found in the low Hahnemannian preparations.

Such statements being facts, it is worse than useless for us to trifle with these pseudo-potencies. They, are only calculated to mislead and create erroneous impressions. Furthermore, we are guilty either of ignorance or wilful perversion of truth, when we publish cures of cases by fluxion dilutions, with intent to create an impression that these preparations are real bona fide potencies.

I do not believe a single genuine 100,000th Hahnemannian potency has ever been made; and the idea of a 1,000,000th, or 100,000,000th potency is preposterous. In case any skeptical mind should think of attempting to prove me wrong, by making such potencies, I will state before he begins, that to make the 1,000,000th potency requires 347 days, 3 hours, and to make the 100,000,000th potency the manipulator must devote 95 years, 2 months, 2 days, and 12 hours to the task. This is at the rapid rate of 3 potencies per minute, working 16 hours *every* day in the week, and sleeping  $6\frac{1}{2}$  hours, and allowing  $1\frac{1}{2}$  hours per day for meals. Such a statement will not apply if a *perfect* potentizing machine is ever invented, but it will always apply to hand-made potencies.

Fluxion potencies are therefore shams; and physicians who use them should know their character, and if they will publish cases of cures from their use, let them state distinctly that the remedies used are fluxion dilutions.

We have sufficiently efficacious Hahnemannian potencies without resorting to such artifices, and the sooner we are rid of them the better.

I have made the above remarks after reading the article of Dr. C. F. Nichols,\* upon "Gettysburg Salt in Rachitis," not as a criticism nor as an answer to it, but simply as a commentary excited by reading such a list of mythical potencies.

\* Hahnemannian for December, 1880.

# Physiological Chemistry.

BY CLIFFORD MITCHELL, M. D., CHICAGO, EDITOR.

## SCIENCE NOTES.

### PANCREATIC FERMENTS.

A. Béchamp has obtained from twenty pancreatic glands—taking them from cattle—about 130 grammes of *microzymas* or parts capable of acting as ferments.

He exposed *fibrinine*, *casein*, *acid-albumen*, *blood fibrin* and *musculine* to the action of these microzymas and found that from 3 gr. to 4 gr. of them would dissolve from 36 gr. to 45 gr. of fibrin in one or two hours.

The casein, fibrinine, acid-albumen, and musculine were also dissolved, although more slowly; likewise exposing *primoalbumen* (*soluble albumen* of Wurtz) to the action of those same ferments he found this substance also to be slowly transformed.

Béchamp protests against calling *pancreatic peptones* identical with *gastric peptones*, inasmuch as the gastric juice (physiological, from a dog) does not yield with any of the albuminoids mentioned, above any appreciable trace of leucin or tyrosin.

On the contrary with the pancreatic microzymas the albuminoid matters digested are always accompanied by crystallizable products (leucin, etc.,) the weight of which may be greater than that of the microzymas.

When *fibrinine* was exposed to the action of the pancreatic microzymas, the quantity of crystallizable matter obtained was one sixth of the albuminoid substance in weight and three times the weight of the dry microzymas.

In a word then the action of the pancreatic ferments would seem to be more profound than that of the gastric juice, and comparable to the decomposition of amygdaline by the amygdalic microzymas or by synaptase.

J. Béchamp, in studying from this point of view the active constituent of the pancreatic gland, (called by A. Béchamp—pancreazymase) had already arrived at this same conclusion.

The transformations brought about by the pancreatic microzymas take place without the slightest sign of putrefaction; moreover the microzymas do not lose their activity after one action upon an albuminoid but are good for another action and come out from both without sensible change of form. All the known properties of the pancreas then are concentrated in these microzymas, and the reason, according to Béchamp, why an insoluble substance like the molecular granulation of the pancreas, can act upon an insoluble substance like caseinon, fibrin, etc., without being itself dissolved, is because it is composed of cellules, having soluble contents in an insoluble envelope—the soluble parts aforesaid being able to escape by osmosis. The word *microzyma* means that the substance is composed of an organized body like the yeast of beer, secreting its contents after the same fashion and producing, on the whole, phenomena of the same order as when yeast liquefies starch, etc.

C. M.

### SIMPLE METHOD OF RESTORING TO LIFE, CHILDREN BORN APPARENTLY DEAD.

In a note published in 1872, in the *Comptes Rendus*, M. Gustave Le Bon showed that the life of young animals which had been asphyxiated could be restored invariably by plunging them into water heated gradually from 38° to 48° C. [101° to 118° F.]

Physicians seem not to have paid sufficient attention to this fact, hence the experience of *Goyard* will not be out of place here: In the case of a primipara the child was, on account of eclampsia, necessarily delivered by means of the forceps, and it was found that the heart had ceased to beat.

With the consent and aid of several physicians the child was for *two hours* submitted to the operations usually performed in such cases, such as friction with a hot cloth, artificial respiration, electricity, etc.

No signs of life being shown and the child being entirely cold, the physicians gave it up as dead and were about to retire, when the method advocated by Le Bon occurred to Goyard. He heated, as a last resort, some water to a temperature of about  $112^{\circ}$  and plunged the child into it up to its neck.

To the great astonishment of all, in about thirty seconds an inspiratory movement was made soon followed by several others, and in five minutes the child was restored to life.

Goyard attributes the remarkably rapid action of elevated temperature to the excitation of the peripheral nerves of the skin, from which there results an effect upon the bulb and reflex action follows:

Whatever the theoretical cause may be, physicians should not be slow to adopt this device when all other means of resuscitation have failed.

C. M.

#### FUNCTIONS OF THE INFERIOR OBLIQUE MUSCLE OF THE EYE

Fano recently was called to see a child of twelve years of age, which had been subject to convulsions, in consequence of which, the eyes and the lids were almost completely deprived of movement. The exercise of vision was difficult on account of the feeble movement of the lids in opening; the child in order to read had to throw its head far back.

An attentive and repeated study of the movements of the eyes enabled us to demonstrate the following facts: When the child was asked to look either "up," "down," "in" or "out," *the cornea performed no movements* in these ways, but only a slight rotatory movement on the antero-posterior axis could be perceived. When the child was told to look "in" this movement was especially noticeable, and if he was told to continue the effort we observed that the cornea was natural in position but a little inward—the eye not turning any more on its antero-posterior axis—but on its vertical axis.

When the child ceased his efforts to look "in," the cornea resumed its place, executing a rotatory movement in an inverse manner to that which has been previously described. It follows then that the inferior oblique muscle exercises two kinds of movements upon the eye:

1. *It causes at first a rotatory movement upon the antero-posterior axis, a movement which carries the superior extremity of the vertical diameter of the cornea from above down and from within outward.* This movement is in consequence of the tendinous or movable insertion of the muscle approaching the fixed or orbital.

2. *After this first movement, the inferior oblique muscle brings about another: it carries the pupil inwards.*

This second effect is explained as follows: The rotatory movement caused by the inferior oblique muscle at the beginning of its contraction is limited by the superior oblique muscle which is the antagonist of the inferior oblique. If the contraction of the inferior oblique muscle continues, this muscle acts directly by its muscular fibres upon the lower and outer part of the globe, carrying it forward and inward and in consequence the pupil is turned inward.

3. The result of the two preceding actions is to carry the pupil inwards and to turn it around on its antero-posterior axis without turning it either upward or downward.

C. M.

## Colleges and Societies.

ALBERT LODGE, M. D., DETROIT, MICHIGAN, EDITOR.

### NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

The New York Homœopathic Medical College held its commencement March 3d. Salem H. Wales, the President of the Board of Trustees, presided, and conferred the degrees. Professor Dowling delivered the introductory address.

Prizes were presented to the following graduates by Prof. F. S. Bradford, M. D., Secretary of the Faculty;—

First "Faculty Prize" for the highest standing in all departments—a complete set (seventeen volumes) of "Ziemssen's Cyclopædia of the Practice of Medicine"—to Chester Arthur Mayer, of Buffalo, N. Y.

Second "Faculty Prize" for the second standing—a minor operating case—to Samuel W. Clark, Jr., of Philadelphia.

Prize presented by Hon. Salem H. Wales for the highest proficiency in all the junior studies—Helmuth pocket case—to A. J. Warner, of Watkins, N. Y.

The following gentlemen received honorable mention: Messrs. C. A. Groves, of Bradford, Pa.; E. T. Horton, of Putney, Vt.; E. J. Pratt, of Yarmouth, Me.; W. J. Shrewsbury, of Brooklyn, N. Y., and E. H. Walcott, of Rochester, N. Y.

The valedictory on behalf of the graduates was delivered by B. S. Keator, M. D., and the annual commencement address was read by Rev. Dr. Conkling.

The following is a list of the graduates: A. Angell; J. H. Bradsworth; C. N. Brantigan; H. Brooks; L. A. Bull; M. B. Butler; A. E. Chapman; S. W. Clark, Jr.; H. W. Coffin; H. N. Curtis; J. D. Day, M. D.; W. H. Dobbins; S. P. Ecki; A. F. Eife; C. S. Elebash; W. H. Faulkner; H. L. Foster; O. A. Gee; C. A. Groves; E. W. Hamilton; A. C. Hanor; N. A. Harris; C. E. Helffrich, M. D.; R. W. Herbert; V. A. Hoard; J. W. Hodge; E. T. Horton; W. D. Hough; B. L. Houghton; B. S. Keator; W. B. Kelly; W. C. Latimer; R. F. Licorish; E. N. Lowry; C. S. Macy; C. A. Mayer; J. C. Mesick; S. E. Miles; C. F. Millspaugh; A. B. Norton; H. B. Packer; E. J. Pratt; Mahon C. Pingree; C. F. Ring; F. C. Sanborn; R. W. Schuyler; W. J. Shrewsbury; A. P. Simpson; J. A. Sinsabaugh; F. M. Sisson; N. Smith, Jr.; T. St. John; C. T. Williams; E. H. Walcott.

*Ad eundem* degree was conferred upon Prof. G. F. Roberts, M. D., of Iowa University.

### HOMŒOPATHIC HOSPITAL COLLEGE, CLEVELAND, OHIO.

*Commencement Exercises—Hahnemann Society—Alumni Association—Banquet.*

The H. H. C., has closed another collegiate year which has been highly satisfactory and successful in every essential particular. The class numbering 134 matriculants, were well qualified for the work of the session and a harmonious and profitable term was the result.

Forty-five candidates complied with the requirements for graduation, and received the coveted parchment. The commencement exercises were entertaining throughout, while the floral tributes bestowed upon the young doctors

seemed a happy augury of the attainment of all reasonable aspirations in the possibilities reaching out into the future.

The distribution of the prizes was an interesting feature of the evening, and resulted as follows:

THE DIPLOMA OF HONOR was won by Dr. J. Arthur Stephens, Cleveland, Ohio.

The first *Clinical Prize*—Twenty Dollars in Gold, was awarded to Mr. W. M. Monahan, Norwalk, Ohio.

The second *Clinical Prize*—Ten Dollars in Gold, was taken by Dr. J. E. Cook, Buffalo, N. Y.

The *Sanders Prize*—a complete set of Obstetric Instruments, was presented to Mr. W. E. Newton, Port Clinton, Ohio.

The *Jones Prize*—Twenty-five Dollars, was presented to Dr. J. A. Thompson, McComb, Ohio.

THE ALUMNI ASSOCIATION

Occupied its members by the presentation of Clinical cases of interest, discussion of matters medical, surgical and educational, and by listening to a spirited and most appropriate address by Prof. T. P. Wilson.

THE HAHNEMANN SOCIETY

Gave an unusually fine entertainment. The annual address by Rev. Dr. Houghton, was a very happy effort. The salutatory was delivered by Dr. E. T. Allen, and the Valedictory by Dr. Ginn, both of whom did themselves and the society great credit.

THE BANQUET

Was so effectually taken in that not even the toasts are left to tell the tale.

For announcement write to Dr. W. A. Phillips, Registrar.

ST. LOUIS COLLEGE OF HOMŒOPATHIC PHYSICIANS AND SURGEONS.

The graduates of the St. Louis College of Homœopathic Physicians and Surgeons were awarded diplomas on the 10th of March, at the Pickwick Theater. The graduates formed the first graduating class of the College, the reconstructed title of the old Homœopathic Medical College of Mo., and with the same Faculty.

The valedictory of the Class was delivered by Eugene A. Guilbert, of Dubuque, Iowa, who paid a complimentary tribute to the faculty and his associates in study. Then followed the conferring, of degrees by Robert E. Carr, President of the Board of Trustees, who presented diplomas to each of the following:

Rebecca L. Ady.....Iuka, Ill.	G. M. Haywood.....Pana, Ill.
Charles F. Adams.....St. Louis.	Mrs. Julia F. Haywood....Pana, Ill.
H. G. Armbruster..Collinsville, Ill.	Geo. W. Hodgins.....Clarinda, Io.
Elizabeth B. Bean. Marionville, Mo.	U. M. Griffin.....Fort Scott, Kan.
Julia A. Brady.....Columbia, Ill.	Elizabeth L. Lytle..Nashville, Tenn.
Wm. B. Chambers....Sullivan, Ind.	E. K. Shirley.....Whitehall, Ill.
Edmond Doty....Alton, Ill.	H. J. W. Taft.....St. Louis.
Eugene A. Guilbert....Dubuque, Ia.	C. T. Pepper, M. D., Clarksville, Mo.

In presenting the diplomas the President congratulated the students on their advancement and alluded to the promising field of homœopathy which was only partially explored, as awaiting their efforts to unfold new riches for the benefit of mankind. Numerous floral bequests of great beauty were showered upon the graduates as they descended from the stage.

Prizes were presented to those mentioned below for superiority in the study of materia medica First prize, Eckel Gold Medal, Edmond Doty; second, gold prize, Eugene A. Guilbert; third, silver prize, Julia F. Haywood; fourth, Bockstruck prize, case of medicines, Geo. M. Haywood; fifth, book, Jessen's Materia Medica, H. J. Armbruster.

A special premium, called the Kershaw silver medal, was awarded to Geo. M. Haywood, for proficiency in Neurology. The presentations were made by Prof. I. D. Foulon, who accompanied their distribution with a few appropriate expressions of a humorous nature that elicited hearty appreciation and applause.

At the conclusion of the awards, the Valedictory on the part of the faculty was given by Dr. C. H. Goodman. It proved a very able disquisition on the art of healing from a homœopathic stand-point, and discussed to topic of modern house-building in conjunction with sanitary science in a masterly style.

Among the graduates were husband and wife, George and Julia Haywood who became acquainted at college and married while they were students. On the stage were also seated two distinguished visitors from Iowa, Dr. H. Button of Iowa City, and Edward A. Guilbert, M. D. LL. D., of Dubuque, both ex-Presidents of the Iowa State Hom. Med. Society. The latter, Dr. Guilbert, Sr., came down to witness the graduation of his son, Eugene A. Guilbert, who besides being the *unanimous choice* of his class as Valedictorian, something unknown to college life before, had also carried off Prof. Uhlemeyer's gold medal, which was the second prize medal in Materia Medica.

It is proper to state in this connection that Dr. Guilbert, Sr., was one of the founders and first professors of the Old Homœopathic College of Mo., in 1859—of which this is the *legitimate successor*—and to day he is one of the few learned and influential representatives of our school in the West, who is ever ready with voice and pen to champion our cause and to lift it even higher in our colleges and universities than the older and commoner school.

Col. D. P. Dyer, of the Board of Trustees, made a brief address, in which he stated that through the liberality of several wealthy, public-spirited and influential citizens of St. Louis, the Trustees will be enabled to erect a suitable college building by the ending of next session, which would be a credit to the city, and of which Homœopathy might well be proud.

The following Doctors, mostly holding diplomas from the old Medical College of Mo., were granted the *ad eundem* degree of this college:

M. B. Pearman.....St. Louis.  
 Clara Sauter.....St. Louis.  
 Stephen E. Miles.....Boonville, Mo.  
 Chas. Kelly.....St. Louis.  
 W. A. Forster.....Ft. Scott, Kan.  
 W. D. Foster.....Hannibal, Mo.  
 A. C. Potter.....Clifton, Kan.  
 Luther Orear.....Marshall, Mo.  
 Chas. L. Carriere.....St. Louis.  
 I. W. Tulleys.....Red Cloud, Neb.  
 R. O. Chambers.....Prairie City, Mo.  
 Fred W. Schellhase..Tell City, Ind.  
 Wm. M. Medcalf..Fort Branch, Ind.  
 W. R. Owen.....Pueblo, Colo.  
 John Elder.....High Grove, Mo.  
 H. L. Porter.....Seneca, Mo.  
 Lawrence E. Whitney, Carthage Mo.  
 John Deetrick.....Franklin, Mo.  
 C. W. Taylor.....St. Louis.  
 Jas. R. Huffaker....Brookfield, Mo.  
 J. Harts Miller.....Abington, Ills.

N. V. Wright .....Okmulgee, I. T.  
 John H. Mosely.....Olathe, Kan.  
 S. C. Hobson.....Sterling, Kan.  
 Levi Henderson.....Salem, Oregon.  
 Stephen M. Sanders...Mattoon, Ills.  
 Samuel O. L. Potter ....Milwaukee.  
 O. D. Noe.....Hammond, Ills.  
 Jane H. Miller. ....Moline, Ills.  
 T. M. Triplett.....Mazon, Ills.  
 H. C. McFall.....Carrollton, Ills.  
 H. B. Shirley.....Whitehall, Ills.  
 W. H. Steel.....Boonville, Mo.  
 Jas. W. Routh.....St. Paul, Minn.  
 E. D. Olmsted.....Plymouth, Ills.  
 H. P. DeVol.....Lafayette, Ind.  
 F. L. Bartlett.....Aurora, Ills.  
 E. E. Curtiss.....St. Louis.  
 Samuel A. Newhall...Newton, Kan.  
 W. B. May.....St. Louis  
 S. R. Bebout.....Osceola, Iowa.  
 Chas. Shott.....Troy, Ills.

Mortimer Ayers.....	Rushville, Ills.	Chas. B. Jordan....	Duluth, Minn.
W. Bancroft.....	Keokuk, Iowa.	Dr. John P. Frohne.....	St. Louis.
Wm. Collisson.....	St. Louis.	Electa A. Scott.....	St. Louis.
Wm. Story.....	Alton, Ills		

PATERNITY.—*The St. Louis Clinical Review* says: THE ORGANON is “gathered to its fathers.” It had several, two on each hemisphere—Lippe and Swan on this—Berridge and Skinner on that; too ethereal for an earthly home. It spent too much time in the “upper air and solar walk,” and abused everybody soundly not thought to be *en rapport* with its immaculate self. Its very name was an *outrage* upon the memory of Hahnemann, and it perished, denied even the solace of “lying down to pleasant dreams.”

## HOMŒOPATHIC HOSPITAL COLLEGE, CLEVELAND, OHIO.

### NAMES OF GRADUATES.

E. T. Allen, A. B.	S. L. King.
C. M. Baldwin, B. S.	H. L. Kent.
E. D. Bottorf.	O. A. Lyon.
W. R. Barton.	E. H. Lathrop.
A. E. Burroughs.	J. F. Miller.
R. Buckingham.	A. Y. Moore.
H. R. Chesbro.	W. L. Miller.
J. R. Culp.	J. O. Morrow.
J. W. Cook.	W. E. Putnam.
J. M. Douds.	E. C. Quinby.
J. F. Elliott.	W. E. Roper.
M. O. Edgerton.	G. W. Rhonehouse.
C. B. Emory.	A. K. Smith.
R. G. Finlay.	C. E. Sawyer.
A. D. Flagg.	J. G. Seiter.
C. F. Glenn.	E. L. Styles.
M. H. Goodrick.	J. A. Stephens.
H. S. Gardner.	M. M. Scheble.
O. P. Griggs.	T. Smith.
J. R. Hooper.	J. C. Shaw.
R. L. Hanks.	G. Tell.
A. S. Hayden.	J. A. Thompson.
C. W. Johnson.	

(For account of commencement see page 183.)

## INTERNATIONAL HOMŒOPATHIC CONVENTION.

The undersigned were appointed by the American Institute of Homœopathy a Committee of Arrangements, and respectfully furnish to members the following information:—

The next session of the Institute will be held at Brighton Beach, near New York, June 14 to 17, 1881, and arrangements have been made for one of the most valuable meetings of that Association: On Monday July 11, the International Homœopathic Convention will assemble in London, and the members of the Institute are invited to attend as delegates. Our English brethren are making extensive preparations for the cordial reception and entertainment of their guests, and the meeting will be one of marked importance in the annals of Homœopathy. The Committee hope and trust that the invitation so freely extended will be as heartily accepted, and that America will be well represented.

Besides the great interest of the Convention, the excursion will be a most delightful one. Owing to the large numbers that go across in the month of

June, the Committee have been unable to make specially favorable terms with any one line of steamers, though several have offered a discount from established rates.

They have deemed it best to early give information in regard to all the lines, so that each person can decide and secure at as early a day as possible suitable state-rooms, and make for themselves the most satisfactory arrangements.

The following are the lines, addresses of agents, sailings, and price of round trip, first-class tickets. They are all well-established and reliable lines.

WHITE STAR, R. J. Cortes, 37 Broadway, New York. *Celtic*, June 18, *Britannic*, June 25, *Adriatic*, June 30. \$144 to \$212, according to size and location of state-rooms.

INMAN, John G. Dale, 31 Broadway, New York. *City of Chester*, June 16, *City of Montreal*, June 23, *City of Berlin*, July 2. \$144 to \$180.

CUNARD, Vernon H. Brown & Co., 4 Bowling Green, New York. *Algeria* June 15, *Scythia*, June 22, *Parthia*, June 29. \$144. to \$180.

GUION, Williams and Guion, 29 Broadway, New York. *Wisconsin*, June 21, *Nevada*, June 28. \$140 to \$175.

ANCHOR, Henderson Brothers, 7 Bowling Green, New York. *Furnessia*, June 18, *Anchovia*, June 25. \$100 to \$120. (To London direct.)

NORTH GERMAN LLOYD, Oelrichs & Co., 2 Bowling Green, New York. *Rhein*, June 18. *Neckar*, June 25. \$165. (To and from London a deduction of \$20 from regular fare.)

HAMBURG-AMERICAN, C. B. Richard & Co., 61 Broadway, New York. *Lessing*, June 23, *Frisia*, June 30. \$185 to London.

NATIONAL, F. J. W. Hurst, 69 Broadway, New York. Sailings every Saturday. \$120.

AMERICAN, Peter Wright & Sons, 307 Walnut Street, Philadelphia. *Illinois*, June 18, *British King*, June 22, *Lord Gough*, June 25, *Pennsylvania*, June 29. \$110, \$125, \$145, \$160. Tickets by this line permit return by Red Star Line from Antwerp to New York.

ALLAN, H. & A. Allan, Montreal, Canada. *Polynesian*, June 18, *Parisian* June, 25. Sail from Quebec *via* St. Lawrence and Straits of Bellisle, 5 or 6 days on the ocean. Tickets from New York and return *via* White Mountains, Montreal and Quebec, \$174; from Boston, \$165; from Quebec, \$150.

Every member of the Institute, as soon as he has determined to go, and has secured his passage, is requested to inform this Committee, in order that they may communicate with the Committee of Arrangements in London, who will assist (if desired) as far as possible in providing for their comfort there, at a season when London is always crowded.

Very cordially,

I. T. TALBOT, 66 Marlborough St., Boston,

WM. TOD HELMUTH, 299 Madison Ave., New York,

B. W. JAMES, cor. 18th and Green Sts. Philadelphia,

Committee.

NEW YORK OPHTHALMIC HOSPITAL, FOR EYE AND EAR, CORNER THIRD AVENUE AND TWENTY-THIRD STREET.—Report for the month ending Feb. 28th, 1881. Number of prescriptions, 3,536; number of new patients, 539; number of patients resident in the hospital, 22; average daily attendance, 153; largest daily attendance, 217. Chas. Dedy, M. D., resident surgeon.

# Surgical Memoranda.

## IDEAS ABOUT SUTURES.

### DOCTOR'S CORRESPONDENCE.

DEAR DOCTOR:—In reply to your card relative to the use of sutures of horse hair, I would state for your benefit, as well as others making inquiry:

1st. The horse hair suture is strong enough for all ordinary purposes; if necessary a silk or wire suture may be put in deep to assist in holding the parts in apposition.

2d. The horse hair suture does not irritate, and may often be left in place for an indefinite time to keep surfaces in good position for secondary union.

3d. The horse hair suture does not *absorb the waste products of inflammation and repair*.

4th. The horse hair suture, as a rule, can be more readily removed than any other suture: there being less danger of disturbing the young scar tissue. Moreover, owing to its elasticity, the suture does not require any manipulation to effect its withdrawal from any part of the body.

5th. One sound horse hair will support nearly two pounds of weight, thus demonstrating its strength for sutures.

6th. For wounds and operations about the head and face the horse hair suture is admirable, and the operator can accustom himself to its use by the employment of it in wounds and operations on the surface of the body.

I obtain the hair from the horse's tail myself, selecting black because it can more readily be seen when its removal is desired. Procuring quite a number at a time, I soak them in carbolized oil and keep them ready for use. There is nothing peculiar about their "modus operandi," only use them as any other suture is used; always make two turns at the first knot.

Attention has been directed to this suture at various times. Dr. J. Wright drew attention to it in 1868, and it was not a discovery then. The first physician who used this suture is probably unknown to fame. At all events, those who have once employed, never discard it.

I wish our profession would give this suture a good trial. It is like all innovations—if I may so call it—and time and the experience of operators must decide its merits. For the country physician it is invaluable; when his horse is at hand so are the sutures.

Yours respectfully,

PHIL. PORTER,  
*Surgeon Michigan State Troops.*

TO TERMINATE THE CHLOROFORM NARCOSIS.—(*Chicago Medical Review*.)—A peculiar device is mentioned by Schirmer in the February number of the *Centralblatt f. Augenheilkunde*. He claims to have used it in his clinic for many years, and often succeeded in producing inspiratory movements when other means failed. He also employed it to induce rapid recovery, for instance in strabismus operations, in order to test the result. The method consists in irritating the nasal mucous membrane. It has long been known, at least to physiologists, that the fifth nerve retains its sensibility longer than any other part in narcosis, and that reflexes may be induced through this nerve when other irritations fail. Schirmer uses simply a rolled piece of paper, which he turns in the nose. In dangerous cases he dips the paper into ammonia.

**MALFORMATION OF THE EYE.**—(*T. M. S. in Hom. Times*).—M. Gueniot (*Le Prog. Med.*) presented to the Societe de Chirurgie an infant which had upon each eye, at two symmetrical points, at the union of the sclerotic and cornea, and invading the cornea, two drops resembling wax. M. Polaillon thought these lesions could be explained on the ground of a faulty development of the eye. He believed these white spots were of a cutaneous nature; they were capable of sustaining a growth of hair, and were sometimes coincident with fissures of the iris.

**UNION OF TENDONS.**—(*Medical Advance*).—A stroke on the back of the hands divided all the tissues, and almost completely severed the metacarpal bones except that of the thumb, just one and half inches from the wrist-joint. The distal ends of the tendons of the extensor communis digitorum were lying at the bottom of the wound, much lacerated. The proximal ends were retracted to such an extent as not to be visible. Each retracted tendon was brought down by passing a pair of forceps along the sheath to the extent of three-quarters of an inch. A fine carbolised catgut suture was passed first through the centres, and their ends brought well into apposition. Immediately after the sutures were fastened, the patient was able to extend his fingers almost as well as before the accident. The patient made a good recovery, and the power of extension is free and strong.

**GLONOINE.**—(*Druggists' Circular*).—A correspondent of the *British Medical Journal* gave, in the case of a lady suffering with cramps in the stomach, something less than a drop of a one per cent. alcoholic solution of nitro-glycerine. In two minutes the pulse fell from 140 to 50, a clammy sweat covered the patient's features, and she became senseless. Stimulants to the nose and brandy were quickly given, and in about three minutes more she began to recover. The pain was completely gone, and did not return all that night or the following day. The patient said she felt like two people, and so strong was this impression that, though perfectly rational in her conversations and unexcited in her manner, she could not shake it off, but frequently checked herself when about to make allusion to her imaginary double.

**BLOODLESS EXCISION OF THE MAMMARY GLANDS.**—(*Medical Record*).—Several cases are reported by Dr. Leisrink, in the *Centralblatt fur Chirurgie*, in which he removed the mamma without the loss of a drop of blood. The patient had pendulous breasts, hence favorable for the operator. He prepared an apparatus having two metal rods at the sides and a movable cross-piece at each end. These cross pieces could be screwed closely together. The breasts were first emptied of blood by pressure and manipulation, and then the apparatus adjusted. He found it much superior to any modification of the Esmarch bandage.

**SCIENTIFIC AFFECTION.**—(*Medical Record*).—A French chemist is said to have condensed the body of his deceased wife into the space of an ordinary seal, and had her highly polished and set in a ring. He made a nice income by betting with lapidaries and others that they could not tell the material of the seal in three guesses, and, after pocketing the money, would burst into tears and say, "It is my dear, dear wife!"

**TO PRESERVE AND RENOVATE RUBBER INSTRUMENTS.**—(*Detroit Lancet*).—According to a Russian journal, rubber instruments which have become brittle and lost their elasticity with age, may be restored by immersing them for a short time (a few minutes to an hour) in a mixture of aqua ammonia, one part, and water, two parts.

**THE FINAL MOVEMENT.**—*The St. Louis Clinical Record* mentions a case of phthisis where the extremities were cold, pulse gone, respiration gasping; three drops of amyl were given by inhalation with complete revival for an hour, when depression again returned; the amyl was again and again used, though with less and less effect.

**GONORRHOEAL MICROCOCCUS.**—(*Centralblatt fur Med. Wis.*)—Dr. Neisser has discovered a peculiar form of micrococcus in the gonorrhoeal discharges of both sexes, circular or oval in outline, in colonies of ten, twenty or more, surrounded by a membrane.

**INFANT MORTALITY.**—(*Medical Record*).—Still-births, illegitimate births, and crime generally, have been steadily increasing in France during the past thirty years. But France is the most civilized of all nations!

## Medical Excerpta.

THE IMPORT OF THE SWEATING OF CONSUMPTIVES.—(*British Medical Journal*).—Dr. Rousselot of Saint-Die discusses, in the *Revue Med. de l'Est*, some of the peculiarities of phthisical sweating, the variable period of the appearance of this symptom, and the point whether the sweating of phthisical persons is to be considered an evil symptom, and one which is to be combatted. M. Rousselot believes that, in a certain number of cases, there is a correlation between the sweating and the fever. He remarks, in the first instance, that nothing is more variable than the period of appearance of the sweating in the course of pulmonary phthisis. There is an active tubercular evolution, and a torpid evolution in some sort passive. In the second case, pulmonary lesion has no influence on the organism. It has not an effective evolution, and it may last for some time without producing fever, and, in consequence, without the procession of symptoms which are ordinarily observed with fever, and particularly in nocturnal sweating. When, on the contrary, there are, from the outset, an active evolution, nocturnal fever, and disordered condition of all these symptoms, then, in general, a hasty appearance of nocturnal sweating may be observed. In this case, the thermometer will render great service in enabling us to study the degrees of morbid combustion. The sweating, which is then very often extremely abundant, allows the elimination of a great quantity of the products of morbid combustion. It may, then, be admitted, according to M. Rousselet, that the sweating affords a derivation favorable to the fever, and does, to some extent, moderate the symptom. If, then, in certain tubercular persons, nocturnal sweating appears, as it were, at the outset of the affection, it is because these individuals have a tuberculous evolution of an active form, and one which tends to fluxion and precocious fever. In others, on the contrary, the evolution effects a silent, indolent, torpid form, without any recoil on the organism; or, more strictly, there are tubercles in the lungs, but no tuberculous evolution, and the subject is not phthisical.

CLERGYMEN AND DOCTORS.—Dr. Oliver Wendell Holmes, in *North American Review* for February, thus speaks:

It is a very thoughtless thing to say that the physician stands to the divine in the same light as the divine stands to the physician, so far as each may attempt to handle subjects belonging specially to the other's profession. Many physicians know a great deal more about religious matters than they do about medicine. They have read the Bible ten times as much as they ever read any medical author. They have heard scores of sermons for one medical lecture to which they have listened. They often hear much better preaching than the average minister, for he hears himself chiefly, and they hear abler men and a variety of them. They have now and then been distinguished in theology as well as in their own profession. The name of Servetus might call up unpleasant recollections, but that of another medical practitioner may be safely mentioned. "It was not till the middle of the last century that the question as to the authorship of the Pentateuch was handled with anything like a discerning criticism. The first attempt was made by a layman, whose studies we might have supposed would scarcely have led him to such an investigation. This layman was "Astruc, doctor and professor of medicine in the Royal College of Paris, and court physician to Louis XIV." The quotation is from the article "Pentateuch," in Smith's Dictionary of the Bible, which of course lies upon the table of the least instructed clergyman. The sacred profession has, it is true, returned the favor by giving the practitioner of medicine Bishop Berkeley's "Treatise on Tarwater," and the invaluable prescription of that "aged clergyman whose sands of life"—but let us be fair if not generous, and remember that Cotton Mather shares with Zabdiel Boylston the credit of introducing the practice of inoculation into America. The professions should be cordial allies, but the church-going, Bible-reading physicians ought to know a great deal more of the subjects included under the general name of theology than the clergyman can be expected to know of medicine. To say, as was said not long since, that a young divinity student is as competent to deal with the latter as an old physician is to meddle with the former, suggests the idea that wisdom is not an heirloom in the family of the

one who says it. What a set of idiots our clerical teachers must have been, and be, if after a quarter or half a century of their instruction, a person of fair intelligence is utterly incompetent to form an opinion about the subjects which they have been teaching, or trying to teach, so long!

ALEXIS ST. MARTIN—(*Monthly Homœopathic Review*.)—Many of our readers will be surprised to learn that Alexis St. Martin, to whom physiologists are eternally indebted for nearly all the reliable information they have acquired about the processes of digestion, is still alive. Every work on Physiology recounts the experiments made by Dr. Beaumont on St. Martin's perforated stomach.

In a magazine called *The Western Temperance Herald* for last month appears a letter from Mr. T. B. Fox, of Hyde Road, Waterloo, near Liverpool, who states that when on a visit to some friends in Gloucester, he "there met Mr. Welford, a young medical gentleman from Canada, who had come over to England to perfect himself in his profession, before entering on a practice in the Dominion. In the course of a highly interesting conversation with him, chiefly on the subject of the effects of alcohol on the human body, and its value or otherwise as an application in medicine, I happened to ask him if he had ever heard or read of the wonderful case of Alexis St. Martin. 'I have not only read and heard of him,' said he 'but I have seen the man repeatedly, and indeed quite recently.' 'What,' said I, 'is he still living? Why he must be a very old man now.' 'He is not only still living, at a good old age,' said Mr. W., 'but I am ashamed to say he is living in obscurity and almost poverty, to the eternal disgrace of the medical profession all over the world, who have learnt more about the process of digestion, the functions of the stomach, and the effects of different kinds of food and drink on the body, through him, than by any other means they have ever been able to command. It is a great shame that the Medical Faculty do not subscribe and buy him a substantial annuity, seeing what obligations *the whole medical world* is under to him, for the knowledge derived by means of a study of his case.'"

We should be very glad to see this suggestion acted upon. Physiology owes St. Martin much more than those who profit by their knowledge of it can ever repay him. Mr. Fox will be pleased to put anyone desiring to help him in the way of doing so. St. Martin is living near Woodstock, in Canada West.

BIGOTRY.—(*London Lancet*.)—The parish priest of Sendomi, in the diocese of Lerida, Spain, has declared that the last absolution, extreme unction and Christian burial will be refused to any parishioner who allows himself, or whose kindred allow him, to be treated by any but duly qualified medical practitioners. All who are treated homœopathically will be deprived of the rites of the Roman Catholic Church, and be treated as Moors or Jews.

A REVOLUTION IN THE LIGHTING OF HOUSES.—(*Journal d'Hygiene*.)—M. Kordig, of Hungary, recently exhibited in Paris a curious illuminating liquid. It was a very light and volatile hydro-carbon, presenting the following remarkable qualities:

1. It is volatile at ordinary temperatures and boils at the temperature of the hand.
2. It burns equally well at a relatively low temperature.
3. It produces a white light which is more beautiful and has greater illuminating power than the same volume of gas.

M. Kordig, in order to show that the new liquid need cause no fear of fire or of explosion, poured a large quantity of it on his hat and then set it on fire. The flame rose to the ceiling; the exhibitor placed the hat on his head and wore it until the flame died out. The hat was found to be uninjured. Handkerchiefs, light-colored gloves and silk ribbons were then dipped into the liquid and set on fire. They remained uninjured by the flames.

According to the inventor, this interesting substance is an essence of naphtha. It has a slight smell not at all disagreeable, and has a trace of ether in its composition. When placed upon the hand it gives a sensation of cold. This new mineral essence is said to come from the wells of natural oils recently discovered in Hungary.

ANGELS IN THE HOUSE.—(*Cincinnati Lancet and Clinic*.)—In the last fasciculus of the *Bulletins de la Societe d'Anthropologie de Paris*, M. Bertillon gives the results of his comparative analyses of the statistical tables of suicides for France and Sweden

These results show singular accord between the two countries, and the author considers himself justified in maintaining that they establish the two following laws: 1. Widowers commit suicide more frequently than married men. 2. The existence and presence in the house of children diminishes the inclination to suicide both in men and in women.

**TO TEST HOUSE DRAINS.**—(*Druggists' Circular and Chemical Gazette.*)—In London house drains are tested by pouring in at the highest point of the pipes an emulsion of oil of peppermint and water, following this up with a couple of buckets of water to wash the emulsion through the drains. Should there be any leaks they can be located by the penetrating smell of the peppermint. The same system, we believe, is used in Boston.

**RATS.**—A Chicago society offered last year a prize of \$100 for the best treatise on the question, "How best to destroy rats?" The prize has just been awarded to Doctor Burnett of Philadelphia, who answered, "increase the number of cats."

**RESULTS OF MARRIAGES WITH IDIOTS.**—Dr. Berkhan, in the *Zeit., fur Psych.*, Vol. 37, makes some interesting observations as to the capabilities of microcephalic and other idiots to propagate their species. A semi-idiotic man has been married for some years to a healthy woman; there is no family. A healthy man, married to an idiotic wife, has had three children by her; two of them are idiots. These cases support Vogt's view, that while female idiots may bear children, the males are very frequently incapable of begetting them. Marriages are very rare between male half cretins and healthy women, but are not uncommon between healthy men and semi-cretinous females who may happen to own a little property. The author has never seen the progeny of these marriages arrive at maturity; if not still-born, the children usually die during childhood.

**FISH.**—(*The Caterer.*)—All fish should be fried in the purest oil; this can be used over and over again by clarification, and, all things considered, oil is quite as economical as lard or dripping. Clean your pan with silver paper, put therein sufficient oil to thoroughly and deeply immerse the fish. Permit this to boil, and it will attain so high a temperature that when a finger of bread is dipped into it and instantly drawn out, the bread has acquired a brown surface, or a piece of white paper dipped into it comes out dry, then—and not until then—your fish, already egg and bread crumbed, is launched lightly on to the surface of the oil, the boiling power of which will keep it afloat, and then, according to the thickness of the fish, from two to three minutes should be given to it; when turn it gently with similar flat tongs.

**TRICHINÆ.**—(*Detroit Lancet.*)—A Holstein peasant has devised a new test for trichinæ in pork. When he kills a pig, he sends a portion of it to his pastor. For fourteen days he awaits the consequences. If his pastor remains healthy, then he is easy in his own mind and is convinced that the pig was healthy. He now proceeds to eat the remainder of the pig.

**DORYPHORA POISONING.**—Richard Jackson died recently at Richmond, Indiana, from blood-poisoning, caused by crushing a potato beetle in his hand, and then touching the inside of one of his ears with the finger.

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### REMOVALS.

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**GATCHELL.**—Dr. H. T., from Atlanta, Ga., to Boston, Mass.

**HARVEY.**—Dr. W. E., from North Anson, Me., to Cambridgeport, Mass.

**MARSH.**—Dr. F. F., from Claremont, N. H., to Wareham, Mass.

**PERCY.**—Dr. G. E., from Boston to Salem, Mass.

**TAYLOR.**—Dr. E. W., from Freeport, Ill., to Boston, Mass.

An Eastern physician writes: "The statement of your platform of principles, I can endorse heartily. Liberty to use the lowest or the highest. My observations carry me higher and higher, but never to the watery regions of fluxion."

**WHO IS IT?**—Another number of OBSERVER is returned without name. How are we to tell who returned it?

# Translations European Journals.

PROF. S. LILIENTHAL, M. D., NEW YORK, EDITOR.

## ON NERVE-STRETCHING.

BY PROF. LUMNICYER.

Prof. Lumnicyer presented before the Medical Society of Budapest a boy of fifteen years, who for seven months suffered from mimic facial spasm (clonic tic convulsif), and who was cured by the stretching of the nervus facialis. Patient was struck with a hammer on occiput, which produced vertigo, headache, and after three weeks, spastic twitchings on the left side of the face. The convulsions were limited to the region of the ramus buccalis and subcutaneus maxillæ infer. nervi facialis. Chininum, arsen., zinc, kalium brom., galvanic-electricity, hypodermic injections of curare were all faithfully used, but without the least success. 1878 Lumnicyer had already stretched the sciatic nerve on account of tetanus, successfully. He follows the procedure of Dr. Warren of Danzig. The trunk of the facial nerve, lying between the foramen stylomastoideum and parotis is stretched (separately) centrally and peripherically, till it is so far elongated, that it sinks downward as an arc: The wound is washed out with a three per cent. carbolic-acid solution, a drainage tube, which does not touch the nerve, inserted and the wound closed. When the patient awoke from his narcosis and opened the eyes for the first time, copious lachrymation followed. The same was observed by Schussler, of Bremen, only with the difference that in his patient lachrymation set in from the eye of the affected side already during the stretching, perhaps from imperfect narcosis; the wound healed by first intention under listering. The side affected was

immediately after the operation paralyzed and anæsthetic, but gradually function returned all through the facialis, even in the ramus buccalis and subcutaneus, which were principally affected, only an unimportant lagophthalmos remained after three weeks, which also gradually improved. Sensation is restored over the whole side of the face. The mimic spasm disappeared immediately after the operation and did not return. Ketli remarks on the pathogenesis of facial spasm, that it may be caused by peripheric irritation of the facial branches or of its trunk, or also by irritation of more distant nerves, sympatheticus, plexus cervicalis, etc. According to Meynert, it appears probable that the reflex centre in facial spasm lies in the medulla oblongata, where the root of the facialis consists of multipolar cells. The connection of these cells with sensory fibres is not yet proven, but more than probable. Basilar tumors, diseases of the os-petrosum, cortical affections of the centrum of the facialis may lead to tic convulsif, or they may be of a rheumatic origin.—*Med. Neuigkeiten*, 1880.

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## CHARACTERISTICS OF SUPRAORBITALIS NEURALGIA.

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BY C. LANGE, (COPENHAGEN.)

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Isolated Supraorbital Neuralgia, in contradistinction to neuralgic frontal pains, as part and parcel of a trigeminus-neuralgia, offers some peculiarities: 1st, the regular intermitting type, appearing once or twice daily at the same time with perfectly free intervals. Such regular paroxysms may last weeks and months. Some consider such a neuralgia as a febris intermittens larvata, which may only be true in some exceptional cases. 2d, tendency to periodicity. Without any treatment the neuralgia sometimes disappears after a few weeks or months,

in order to reappear without any cause. Such repetitions show in some cases a perfect regularity and appear there always at certain seasons of the year. 3d. It affects both sides of the forehead. After one side had suffered it attacks, but in a less degree, the other side; or it may appear at the start on both sides; still the pain will be more concentrated on one side; or after ceasing on one side the other one becomes affected; or the severity of the pain may oscillate between both sides. 4th. It is far more an affection of younger people, between the ages of 12 and 40. Prognosis is absolutely favorable. Galvanic treatment suffices for a cure. The action of the constant current appears already during the application and though the pain reappears in a few hours, it lost its intensity. When both sides are affected, we need only treat the intensely affected one. Quinine failed in all his cases to be of any benefit, and as a preventive he shows more confidence in Arsenicum.—*Centralbl. f. Nervenheilk*, 1, 1881.

NERVE-STRETCHING IN LOCOMOTOR ATAXIA. — Langenbeck gives (B. K. W. 48, 1879), an account of a case of pronounced tabes dorsalis dolorosa in which the fulgurant ataxic pains resisted all anodynes, treated with the best results by stretching of the left sciatic nerve. The wound treated antiseptically, healed by first intention, the motor and sensory disturbances ceased in a few days, and the pains did not return. Thus encouraged, Langenbeck operated on both crural nerves, and the right sciatic in the same manner, with the same good results as regarded the pain. When the patient after the operation made his first attempts to walk, he asserted that he now again knew what was under his feet, and as he gradually improved in his locomotion the astonishing fact was revealed that the ataxia had completely disappeared. This method of treating the disease by nerve-stretching is recommended by the author to be extensively tested, especially in recent cases.—*Journal of Nerv. and Ment. Diseases*, April, 1880.

TREATMENT OF SKIN-DISEASES WITH CHRYSAROBINE, (NOT CHRYSOPHANIC ACID.)—Twenty cases of psoriasis were treated by Dr. Krosta with chrysarobine. After a preparatory course of several warm baths and rubbing down with spiritus saponis or with a spirituous solution containing 10 per cent. salicylic acid in order to loosen the scales, the treatment is opened with unguentum chrysarobin 1:20 vasoline and after a while 1:10. According to Neumann, a salve containing 40 per cent. may even be used. The ointment is rubbed into the affected parts with a brush made of lint or of soft bristles, whereby the healthy skin ought not to come in contact with the ointment. In obstinate cases pieces of linen may be covered with the salve applied over the affected parts and left there over night. One inunction a day suffices. After a few days the formation of scales ceases, and after two or three inunctions the prominent infiltrated parts of the skin become thinner and discolored, even turn white, when at the same time the surrounding healthy skin takes on a more or less intensively red color, so that the feature of the disease seems to be inverted. The discoloration appears first in the centre and progresses towards the periphery, so that the edges of the plaques need still inunction when the centre is already perfectly well. The action of the ointment differs on different parts of the body. They heal most quickly on the chest and back, less so in the extremities and here the extensors of the lower extremities offer the most resistance. Psoriasis on the face and head bears only an ointment of two to five per cent. and the healthy parts protected by adhesive plaster. Some care is needed so that none enters the eyes, as it causes slight conjunctivitis in patients, where one-half or two-thirds of the body is covered by the disease, it may be advisable not to anoint the whole affected surface at once. The duration of treatment may be from a few days to several weeks; average time three weeks; relapses are not very rare even under this treatment.—*Allg. Med. Cent. Ziet.*, 4., '81.

## Miscellanea.

### LEGALIZING DISSECTION.

In the Legislature of Michigan, Mr. Kinne's bill to provide subjects for dissection passed, 86 yeas to only 2 nays. Its provisions are as follows :

(2110. SEC 1. Any member of either the following boards, and any of the following named officers or persons, to-wit: The board of health of any city, village or township, the common council of any city, the board of trustees of any village, the mayor of any city, president of any village, any board or officer having the direction, management, charge or control, in whole or in part, of any prison, house of correction, work-house, jail or lockup, county superintendents of the poor, keepers of poorhouses and almshouses, and physician or other person in charge of any poorhouse or almshouse, sheriff, coroners, the board of state commissioners, the board of trustees, board of control, and all officers, physicians and persons in charge, in whole or in part, of any institution for the deaf and dumb, blind and insane, or other charitable institution founded or supported, in whole or in part, at public expense, having in his or their possession or control, the dead body of any person not claimed by any relative, or legal representative as hereinafter provided, and which may be required to be buried at public expense, or the expense of any one of such public or charitable institutions, shall deliver such dead body or bodies within 36 hours after death, or after he or they shall become possessed thereof, to the express or railway company at the nearest railway station, placed in a plain coffin and enclosed in a strong box, securely fastened, and plainly directed to the "Demonstrator of anatomy, of the University of Michigan, Ann Arbor, Mich.," excepting only the the dead bodies of such persons as shall have died from some infectious disease. And such boards, common councils, officers, or other persons making such shipment shall take the usual shipping receipt for such package, and shall notify the consignee of such shipment by letter, mailed on the day the package is so delivered as aforesaid; and shall also inclose in such letter a statement, giving, as nearly as can be ascertained, the name, age, residence, and cause of death of such deceased person; and the name and postoffice address of the known relatives of such deceased person, whose body has been shipped as aforesaid; and also a statement of the costs and expenses which have been incurred in the procuring of the coffin, box, preparation of body for shipment, and shipping the same. And, upon the receipt of such consignment, the said demonstrator of anatomy of the University of Michigan shall immediately forward to such officers, board, council, or institution, or person making such shipment, or incurring such expenses, the amount thereof, not exceeding in any case the sum of fifteen dollars: Provided, such dead body shall not be so shipped or delivered as aforesaid, if it shall be requested in good faith for interment by any relative, before the same shall be shipped as aforesaid, and in case the dead body of any person, so delivered or shipped as aforesaid be subsequently claimed or demanded of said demonstrator of anatomy, or of any other person or institution, into whose possession or under whose control it may have been placed, by virtue of the provisions of this law, by any relative or legal representative of such deceased person, for private interment, it shall be given up to such claimant even after the same shall have been interred, as hereinafter provided. Such bodies shall be used only for the purpose hereinafter mentioned, and shall then, in all cases, be interred in some suitable place kept for that purpose, and a correct record shall be kept of every such body, and all matters by which such body may be identified coming to the knowledge of the person or officer at any time in charge of such bodies, shall be faithfully recorded at length, in a book to be kept for such purposes, to the end that the same may be at any time traced and recovered by the friends and relatives of such deceased person: And provided further, That the institution, board, council officer or person aforesaid in charge of any such body as aforesaid shall, immediately after the death of such person, notify, and, if possible, by telegraph, or otherwise by letter, one or more of the nearest known relatives of such deceased person of the death of such person; and in no case shall the body of any such deceased person be

delivered or shipped as aforesaid until after the expiration of 24 hours from death; and every individual officer or party violating any of the provisions of this section shall be deemed guilty of a misdemeanor.

(2111). SEC. 2. The bodies so delivered or shipped as aforesaid, shall be used for the advancement of anatomical science in this state and in the following institutions of learning only, viz : the University of Michigan, Detroit Medical College and Michigan College of Medicine; and said bodies shall be distributed to and among the same equitably, the number assigned to each by said demonstrator of anatomy shall be proportional to that of its students in actual attendance. And each of said institutions shall pay quarterly to said demonstrator its rateable proportion of the expenses borne and incurred under this act; provided, however, that said demonstrator of anatomy, upon the receipt of every body under and by virtue of the provisions of this act, shall cause the same to be embalmed or put in a state of preservation, and shall not permit the same to be delivered to either of said institutions for the purpose of dissection until the same shall have been in his possession at least 10 days. And it shall be the duty of said demonstrator of anatomy, upon the receipt of every body, to immediately notify the relatives of such deceased person if known, of the receipt of such body, either by mail or telegraph, as he may deem best. And that said body will be preserved intact, for the space of 10 days, in which time such relative will be entitled to said body for the purpose of private interment, upon payment of the expenses already incurred. And if the relatives or legal representatives of such deceased person shall request said body for the purpose of interment, and shall pay said expenses, said demonstrator shall deliver to such relative or legal representative, the said body, together with said coffin and box enclosing the same. But in case said body shall not be requested by such relatives until after the same shall have been applied to the purposes intended, the remains thereof, together with the coffin and box aforesaid, shall be delivered without charge: Provided, that the University, Detroit Medical College and Michigan College of Medicine aforesaid, and each and every other medical institution shall not receive into their possession any bodies procured in this state other than those provided for by the provisions of this act, and every individual or party violating this provision shall be deemed guilty of a misdemeanor.

### DIET FOR THE SICK.

The *Medical Record* says: The physician who has but a theoretical or hearsay knowledge of drugs is but little above a dreamer, and we should certainly regard him as an unsafe man who, in a given case, would direct the nurse or the apothecary to give his patient a tonic, a cathartic, or a neurotic. There are many disorders, conditions, and diseases in which the diet is fully as important as, or more important than the medication, and yet it but too often happens that the physician tells the attendant to let the patient have a little light food or some soup, leaving to the discretion of the nurse what it is to consist of, how it is to be prepared, or in what quantity it is to be taken. We need not remind our readers that nothing that concerns the welfare of those intrusted to his care is too trivial for him to notice.

That the value of a knowledge of the preparation of food for the sick is beginning to be appreciated by the profession, is shown by the almost simultaneous appearance of two works\* upon the subject; one by an experienced nurse, the other by distinguished therapeutists. The former is necessarily empirical, while the latter proceeds inductively, reasoning from physiological principles; and while they differ in many respects, yet there is a remarkable similarity between the conclusions reached regarding the proper food-constituents and the best mode of preparing them. They will both be found, if properly used, to be great aids in practice. It is of course not intended that the doctor shall go into the kitchen and direct the cook, but that he should understand enough of the constituents of articles of diet to select them intelligently and to give directions as to the best methods of their preparation. In other words, such a knowledge enables him to give the prescription for the food just as he would give the prescription for the medicine.

\* *Invalid Cookery, etc.* By Mrs. Julia A. Pye. Edited by Mrs. Eliza A. Pitkin. Pp. 127. Chicago, 1880: *Food for the Invalid, etc.* By J. Milner Fothergill, M. D., and Horatio C. Wood, M. D. Pp. 157. New York: MacMillan & Co., 1880.

## Personal Notices, &c.

HILL.—R. L. Hill, M. D., left Dubuque, Iowa, for Sacramento, California, on the 7th March. We commend him with much pleasure to the kind consideration of our professional friends on the Pacific coast.

JACKSON.—Dr. E. R. Jackson, will continue the practice of Dr. R. L. Hill, at Dubuque, Iowa.

### NECROLOGICAL.

HOMBURG.—Another faithful member of the medical profession has gone to his everlasting abode. Dr. Konradin Homburg died at his residence in this city February 11th, 1881. He was born in Germany, 1798, and entered the University at Marburg 1816, where he remained two years. His studies were continued at the University of Wurtzburg, but were not completed, as he was compelled to leave the country for participating in the liberal political movement of the day. In 1825 he arrived in America and located at Philadelphia, Pa., where he remained until 1837, when he came to the West, and in 1844 located in the city of Indianapolis, Ind. There he enjoyed a large and uninterrupted practice for over 36 years, which was only relinquished on account of failing health. Dr. Homburg enjoyed the confidence both of his countrymen and ours, perhaps to a greater extent than any foreign born physician ever did in the West. While in his prime he was quite prominent socially and mingled much in the social gatherings of his countrymen. In faith, professionally he was a homœopathist, and had imbibed copiously from the ever-bubbling medical fountains of Drs. Hering, Hempel and Wesselhœft, who were his favorite authors, and personal friends in days past. He never identified himself with any school of medicine after locating here, and although the old school made a vigorous attempt to ignore him, his scholarly attainments, his professional deportment and his great success as a practitioner, when compared with other physicians of that day, gave him such a hold upon the confidence of the people that even the strictest of the allopathic sect were forced to recognize him as a skillful physician. Consequently his counsel was not rejected but frequently sought for by them. The reasons he gave the writer for not having identified himself with the homœopathic profession, properly construed would be only an adverse reflection upon the earlier practitioners of our school in this place. In his personal habits and disposition the Doctor was quite peculiar. He was never married; for years he slept but four hours in twenty-four, and for a considerable period is said to have eaten but one meal a day, and seldom ever drank any other beverage than beer and wine, although he never was known to be intoxicated. He possessed a quick temper which at times was not kept under as good control as policy would perhaps have dictated. He was resolute and quite independent, but with all very sympathetic with the distressed and suffering. His personal wants were many and he was in some respects exceedingly extravagant.

valuing money only for the comforts it would purchase. He seldom presented bills and never made them exorbitant. His dislikes almost amounted to hatred, and he never forgave an injury or pardoned an offender. He retained his mental faculty clearly to the end. In religious faith he lived and died a confirmed materialist, and according to his request was cremated in Dr. Le Moyne's furnace.

Several years ago when he first began to complain he was treated by liberal allopaths who diagnosed his case as emphysema, for which the never failing panacea of Morphia hypodermically was prescribed, this he kept up till a permanent habit was established which he could never after abandon.

In April last when he came under my care, a careful diagnosis revealed hypertrophy of the heart with slight dropsical tendencies and indigestion, and finally erysipelas manifested itself with these complications, and an after development of hydrothorax shortly before death, ended the somewhat eventful life of Dr. Homburg, at the ripe old age of 83 years.

DR. D. HAGGART.

*Indianapolis, Ind.*

ROOSEVELT.—We are called upon to record the departure from this land of the dying to the land of the living (an exodus which brings great joy to every prepared heart) of C. J. Roosevelt, M. D., at Macon, Ga. He was one of the pioneers of homœopathy in Georgia, and much beloved and respected.

HULLINGER.—Mrs. Mary Hullinger, wife of H. C. Hullinger, M. D., died at Brinton, W. T., on December 9, 1880, of uterine cancer.

#### MARITAL.

GALLUP—LEWIS.—L. Edwin Gallup, was united in marriage to Miss Flora R. Lewis, daughter of J. B. W. Lewis, M. D., of Cerisco, Mich., on the 15th of December, 1880. Old school and new meeting in a gallop. All right, none too fast.

#### HOMŒOPATHIC MEDICAL SOCIETY STATE OF NEW YORK.

Officers elected at the annual meeting held in Albany, February 9th and 10th:—

SELDEN H. TALCOTT, M. D., President, Middletown.

J. J. Mitchell, M. D., Newburg; A. J. Frantz, M. D., Geneva; G. W. Peer, M. D., Rochester,—Vice-Presidents.

A. P. Hollett, M. D., Recording Secretary, Havana; C. E. Jones, M. D., Corresponding Secretary, Albany; E. S. Coburn, M. D., Treasurer, Troy.

#### CENSORS:

Northern District—Dis. A. W. Holden, G. W. Little and L. A. Clark.

Southern District—Dis. W. M. L. Fiske, J. H. Demarest and C. M. Lawrence.

Middle District—Dis. C. E. Swift, M. O. Terry and George B. Palmer.

Western District—Dis. W. B. Kenyon, E. H. Hurd and B. F. Williamson.

Semi-Annual Meeting at Watkins' Glen, September 6th and 7th, 1881; Annual Meeting in Albany, second Tuesday in February, 1882.

A. P. HOLLETT, *Rec. Sec'y.*

TEXAS —The legislature of Texas locates the Medical department of the State University, wherever the voters may designate. Dr. C. E. F., in *Galveston Daily News* of February 17, advocates the rights of homœopaths to a representation, and urges Galveston the most practicable point for a successful medical school.

## Practice of Medicine.

C. P. HART, M. D., WYOMING, OHIO, EDITOR.

### 4.—BRONCHIAL INFLAMMATION WITH COPIOUS SERO-MUCOUS SECRETION.

BRONCHITIS SEROSA; PITUITOUS CATARRH OF LAENNEC.

This variety of bronchitis may be either primary or secondary, acute or chronic. It is characterized by severe paroxysms of cough, which are attended with dyspnœa, and by the expectoration of a thin glairy liquid, consisting of a copious, transparent, viscid, and stringy sero-mucous secretion from the bronchial membrane.

**SYMPTOMS.**—In its acute form it sometimes bears considerable resemblance to a simple catarrh, or cold, but with this difference, that while the febrile symptoms are generally so slight as to be scarcely perceptible, the dyspnœa and sense of oppression are often extreme. The cough and dyspnœa occur in paroxysms, which are relieved after a time by the expectoration of a serous fluid, often amounting to several pints, the surface of which is covered with froth and mucus. The attacks generally last but a few hours, passing off entirely after the bronchial secretion is discharged. Two or more paroxysms frequently occur on the same day, the intervals between them being generally free from any distressing symptom. Sometimes the disease appears to be associated with the so-called “dry catarrh” of Laennec (q. v.), the characteristic expectoration of which is then found in the sputa.

**PHYSICAL SIGNS.**—Resonance clear on percussion. During the paroxysm the sound of respiration is diminished; but a variety of sibilant and mucous râles are heard, some of which bear a considerable resemblance to the chirping of birds. In the intervals between the paroxysms, the respiratory murmur is louder and more natural, but the râles, though present, are less distinct.

**ANATOMICAL APPEARANCES.**—These are chiefly of a negative character, little or no trace of inflammation of the bronchial mucous membrane being discoverable after death. The membrane is often quite pale, and although it is sometimes a little thickened and softer than natural, this is probably due to the infiltration of serum.

Occasionally the membrane is slightly reddened, but usually the evidences of inflammatory action are but trifling; emphysema and œdema, on the contrary, are rarely absent.


**PATHOLOGY, ETIOLOGY, ETC.**—The appearances above noted, taken in connection with the fact that the disease usually attacks persons of an enfeebled constitution, has led many to regard it as an occasional sequela of debility, arising especially from atony of the capillary vessels of the bronchial membrane, and not from inflammation of its substance. This view is apparently confirmed by its frequent association with dyspepsia, and especially with the uric acid diathesis. But it is a question whether these conditions, when present, are not effects rather than causes. It could not reasonably be expected that any patient would be able to bear the loss of an abnormal secretion, amounting to several pounds per day, for a long period of time, without its impairing the nutritive functions, and even undermining the system generally. Accordingly, in the majority of instances, dyspepsia and emaciation sooner or later supervene, and sometimes prove fatal from exhaustion. But in many cases, other complications still more serious ensue, such as emphysema, dilatation of the heart, pulmonary œdema, enlargement of the liver, renal difficulties, tuberculosis, etc.

**TREATMENT.**—The successful treatment of this variety of bronchitis, especially when complicated, requires that each case be carefully individualized, the complications receiving special attention. Even in idiopathic cases, the bronchial affection should, for therapeutic purposes, be treated only as secondary to the general condition, since it is not until every vital function is properly performed that we can hope to correct the abnormal secretion, the effects of which are, in the long run, so injurious to the constitution. Instead, therefore, of first searching for specifics for the local affection, the practitioner should pay special attention to the concomitant symptoms, the removal of which often does more towards effecting a cure of the primary disease, than any amount of direct treatment. This will demand in one case remedies for anæmia, in another for dyspepsia, in a third for renal or hepatic congestion, in a fourth for nervous debility, in a fifth for cardiac hypertrophy, in a sixth for pulmonary œdema, and so on.

So far as the excessive bronchial secretion is concerned, we have found nothing to surpass *Antimonium tart.* and *Hepar sulph.*, es-

pecially the latter. In several instances we have derived marked benefit from three or four doses of the sixth trituration of Tartar emet., given at regular intervals during the day, with a dose of Hepar sulph. in the morning. We are aware that this is contrary to the experience of others, but we have been successful in too many of these cases to doubt its efficiency. We have found it necessary, however, in most cases, to alternate the two remedies in the manner stated, and to continue their use for a considerable period of time. Where these remedies have failed, we have generally obtained the best results from *Calcareo carb.* and *Silicea*, particularly the latter.

CLINICAL OBSERVATIONS.—Meyhoffer, who supplies us with such valuable clinical illustrations, reports the following case:—  
“The Rev. F——, laboring for the last five or six years under bronchial catarrh and asthma, came under my care on April 10th, 1866; he was much emaciated, and although not above forty-seven years old, looked nearer sixty, his hair and beard of a light grey. The skin was thin, pale and clammy. The breathing was short, forty inspirations per minute, to a hundred pulsations. Auscultations revealed an extensive catarrh on both sides of the chest; sonorous rhonchi and moist rattles prevailed over the whole respiratory surface. The breath was very offensive. The left lobe of the liver was found considerably enlarged. The tongue was coated, the appetite gone, and constipation alternated with diarrhœa. The evacuations, when formed or hard, were often mixed or streaked with blood. The patient was much troubled by cough during the day, but especially at night he was distressed by long fits of coughing and asthma (dyspnœa), relieved only towards two o'clock in the morning by the abundant expectoration of a gluey, semi-transparent sero-mucous fluid. From two till five he enjoyed comparative rest in a sitting posture, after which hour another similar attack came on, which lasted till about half-past eight or nine. This state had lasted about a fortnight, and had been preceded by pain and swelling in the articulations of the fingers; some of the middle joints of these were still enlarged, hard and tender to pressure. He related that long before the cough came on he had been subject to dyspepsia, severe neuralgic headaches, and what he called rheumatic pains all over the body. With the appearance of the bronchial affection the di-



gestive organs began to act better; but, on the other hand, he was never quite free from pain, in some part or other, as long as the respiratory function was not suffering. From the moment, however, an irritation of the air tubes began to prevail, all the morbid phenomena of the sensitive sphere disappeared. A deposit of brick-colored sand in the urine was almost constant, especially in the morning. Gout was hereditary in his family.

“*Aconitum* 2, one drop every hour, brought rapid relief; already the first night was much less disturbed by coughing and dyspnœa which the second night continued to improve; while in the meantime the pulse came down to eighty. It was then succeeded by *Bryonia* 3, under the action of which the respiratory and gastric morbid phenomena steadily retrograded. The beginning of May then being at hand, and the patient longing for a change of air and scene, I advised him to go to Vevey, and thence, early in June, to proceed to Kissinger. At this place he drank very moderately of the Ragoczy, bathed in Pandur water, and inhaled saline vapors. This gentleman returned in November of the same year; nutrition had so much improved that, at first sight, I did not recognize him. During the whole season (1866-67) he only had two very slight attacks of bronchial catarrh, and enjoyed in other respects much better health than for many years past.”

The same author says, “I think it hardly possible to overcome radically the catarrh pituiteux of Laënnec without the intervention of Silicea. In this form of bronchial disease no other agent contributes so largely towards recovery.”

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## 5.—BRONCHIAL INFLAMMATION WITH COPIOUS MUCO-PURULENT SECRETION.

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### BRONCHORRHŒA; INVETERATE CATARRH.

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In our general description of chronic bronchitis<sup>r</sup> (q. v.), we have stated that, as a general rule, the disease is unaccompanied by fever, and that the cough, though more or less troublesome, is loose, the expectoration being somewhat copious, and consisting either of whitish or grayish mucus, or else of a yellowish, greenish or dirty brown matter, of a purulent or muco-purulent character. Now the nature of the expectoration depends, to a considerable extent, upon the anatomical, as well as the pathological, condition of the bronchial

tubes. When bronchitis has existed for a number of years, especially in a severe form, it almost always produces certain lesions of the bronchial and pulmonary tissues, namely, dilatation (*bronchiectasia*) and emphysema. The former consists of cylindrical, ovoidal, or globular enlargements of the bronchial tubes, the first two of which occur in the course of the bronchial ramifications, and reach the diameter of a goose-quill, or even a finger; but the globular are confined to the terminations of the smaller branches, and vary in size from a cherry stone to a walnut. Where the dilatations are numerous and extensive, the intervening pulmonary tissue is compressed, and as a consequence there is more or less dyspnœa, or shortness of breathing. The dilatations are supposed to be the result, in most cases, of long-continued and severe coughing spells, at a time when the bronchia are enfeebled by disease, and loaded with large quantities of viscid mucus.

**SYMPTOMS.**—These depend chiefly upon the morbid alterations just noticed. In addition to cough and expectoration, the suppurative process gives rise to anæmia and emaciation, whilst the retention of septic matter in the sacculated bronchial tubes irritates the system, impairs the appetite, renders the sleep restless and unrefreshing, excites fever, and promotes exhaustion. As a consequence, there is a gradual loss of strength, the limbs become heavy, the extremities swell, night sweats set in, and sooner or later the patient succumbs to the combined effect of exhaustion and suffocation.

**PHYSICAL SIGNS.**—Vocal and respiratory fremitus unusually strong; also increased resonance of the voice and breathing. Fine and coarse mucous râles are heard wherever there is an accumulation of mucus; and where large globular dilatations exist, cavernous respiration and gurgling may be heard, as well as a corresponding degree of bronchophany or pectoriloquy—signs likely to mislead the practitioner as apparent evidences of tuberculous infiltration and vomicæ, unless the general symptoms, which are usually different, receive special attention.

**TREATMENT.**—The appropriate treatment has already been given under the head of *Chronic Bronchitis* (q. v.) Particular attention should be given to the remedies enumerated under the head of *Scrofulous Bronchitis* (q. v.), and to the accompanying therapeutic indications.

CLINICAL OBSERVATIONS.—The following clinical remarks of Meyhoffer furnish a valuable repertory of remedies for this class of cases: “We have experienced the efficacy of the *Bromide of Potassium* in that form of bronchial catarrh which is characterized by almost total absence of cough, with great hyper-secretion of mucopurulent matter and dyspnœa caused by muscular exertion. The diminished or suspended reflex motor action of the bronchial nerves belongs especially to the pathogenesis of this remedy, and unless the larynx be involved in the morbid process, this salt will rarely bring relief where there is much irritation and cough. *Kali iod.* and *bich.* are often the natural successors of the bromides, when under the influence of the latter the capillaries and tissues which line the air-tubes have acquired more vitality, and show symptoms of irritation. Iodides will be preferable when the air-passages have experienced material alterations—dilatation, thickening of the lining—or when a more intense action on the general nutrition is required.

“*Ammonium carb.*, and its other salts, as *chloride*, *iodide*, and *phosphate*, we have found of great use in very chronic cases of copious bronchial secretion, great difficulty of expectoration, and bronchial dilatation. Low vitality, atony of the bronchial surface, are leading indications for their exhibition. The hand and the ear will detect numerous coarse rattles, and yet the patient experiences no necessity to clear his chest of its morbid productions. Cachetic conditions and old age furnish the most frequent instances for the internal as well as external application of these salts. The second and third dilutions act unexceptionably.

“We use the Carbonate of Ammonia in the ordinary run of cases. The *Hydrochlorate* for *inhalations*; one grain to an ounce of water proves a highly effective preparation. Sixty to a hundred inhalations a day suffice to diminish, within a short space, mucopurulent secretion. At the outset frequent cough interrupts the inhalatory proceeding, which soon, however, gives way, and the patients begin to feel freedom and ease about the region of the chest.

“*Calcareo carb.* and its divers derivatives.—The physiological importance and curative action of Calcareo in deficiencies of secondary assimilation, especially in children, as well as in scrofulous diseases, have already been the subject of numerous remarks. This substance seems, however, not to be appreciated according to its deserts in concrete cases of chronic bronchial catarrh. We fully agree

with Baehr, who indicates "emphysematous catarrh" as being especially within the sphere of its action. No less commendable is this mineral in bronchial dilatation and putrid expectoration. Its middle and higher dilutions operate favorable modification in great irritation in the air-tubes; dry, tormenting cough, chiefly at night, raising only after long and great efforts scanty, white, frothy, gluey, or dirty-looking putrid sputa.

"*Carbo veg.* is the panacea for poor exhausted constitutions and aged people with great torpor of the bronchial lining, profuse mucopurulent sputa, or deficient power of expectoration, with symptoms of imperfect oxidation of the blood, lips and nails blue, extremities cold, etc. The weaker the invalid the better the higher dilutions work.

"Inhalations and the internal use of *Kali bichr.* form our standard course of treatment in those numerous cases of common bronchitis vacillating between the acute and the torpid inveterate character of the disease. A certain degree of irritation, vascular congestion, and moderate mucopurulent expectoration, marks the morbid state ready to give way to the specific action of the salt. Inhalations, however, do good service in bronchial dilatation with foetid breath and expectoration. The sputa soon undergo a favorable change of aspect, while they lose at the same time their offensive odor and diminish in quantity.

"*Kali brom.* has contributed to the improvement of some cases of torpid bronchitis with copious purulent expectoration; the second and third dilutions have been employed, but we attribute the favorable result rather to the inhalations of the salt, one and two grains to four ounces of water, as without these the progress was much slower.

"*Kali permang.*—We use this salt for inhalations in long standing inveterate cases of putrid bronchitis. It stimulates the altered surface of the air-tubes to a more healthy function; the tissues exhibit more tone and vitality, cough and expectoration diminish, the latter grows easier, losing its offensive smell. One or two grains of the salt to an ounce of water, and fifty to a hundred inhalations daily have proved effectual.

"A long time was necessary to conquer my repugnance to the use of *Lycopodium*, excited by the exaggerated laudations of its medicinal virtues which I had been condemned to listen to; now I have, on the contrary, to guard against falling into the same error myself.

The fact is, that since I learned to appreciate its efficacy in chronic pneumonia, I have not failed to observe, also, its vitalizing influence in those forms of bronchitis characterized by copious muco-serous or muco-purulent secretion.

“These morbid phenomena being habitually the result of more or less serious alterations, it follows that *Lycopodium* acts favorably in emphysema, dilatation of the air tubes, and senile catarrh. Constant tickling cough, worse at night, numerous loud mucous rattles, with rare and scanty sputa, are symptoms lying especially within the range of its action. But the varieties of bronchitis above mentioned are often attended or complicated by the phenomena of abdominal vascular obstruction and atony of the alimentary canal, or by those of the acid diathesis. The signs which arise in such circumstances, as congestion of the liver, flatulency, obstinate constipation, cachectic complexion, red gravel, and acid dyspepsia, are all within the range of *Lycopodium*. Low dilutions of it are not ineffectual, but higher ones work better.

“*Senega* has no small merit when in copious accumulation of mucus in the air-tubes the latter causes, by its adhesiveness to all the organs through which its passage lies, the greatest, often the most ineffectual efforts of coughing and hawking for its expulsion. First and second dilutions act better than higher ones.

“*Sulphur* reveals its curative powers in the most inveterate forms of bronchitis; it acts best, however, when the morbid process is distinguished by arterial and venous vascular irritability, by great impressionability of the skin, which suffers from the slightest atmospheric variation, and by exacerbation of the pectoral symptoms. The rheumatic, gouty, more especially the herpetic and scrofulous diathesis, fall equally under its sway. With the reservation of these premises this mineral corresponds to the most varied forms of bronchitis, from the simple catarrh, with scanty, yellowish white sputa, to bronchorrhœa, dilatation of the air-tubes, and putrid expectoration. These, with all their intervening and transitory phases, may be benefited by sulphur. As a rule the higher dilutions act better, but in dilatation of the air-tubes and putrid sputa the second and third triturations have done us good service.”

We can bear testimony to the great efficiency of the *Benzoate of Soda* in inveterate catarrh, especially when complicated with tuberculosis. We recently had a case of this kind under our care which for three years had resisted all other treatment, but which yielded in a few weeks when subjected to daily inhalations of this remedy, assisted by suitable constitutional treatment.

# Materia Medica.

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PROF. S. A. JONES, ANN ARBOR, MICH., EDITOR.

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## A CONDENSED MATERIA MEDICA.

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### SECOND PAPER.

The first paper under this title has brought the writer so many letters from strangers as well as friends, that, yielding to the urgings of his correspondents, he proposes to give his views regarding such a condensation as he deems satisfactorily practicable and immediately possible.

It will be observed that he writes of *a* condensed materia medica and that he distinctly recognizes the impossibility of obtaining *the* condensed materia medica now. The reasons for this belief are intimated in his previous paper, and are based chiefly upon the length of time required for the clinical *sifting* of a pathogenesis. A “proving” is always an experiment, and the first clinical application of proving data is also an experiment, but if the proving data are true there comes a time when each clinical application of them is the *demonstration of a law*, and this is the culmination of therapeutic science. Such a culmination is the grand desideratum, and the extent to which we have now attained to such a culmination is the sole criterion by which we can to-day determine the limits of our condensed materia medica.

It follows from this that such a condensation as is now possible is by no means an arbitrary process; it is not dependent upon either the bias or the caprice of the physician; it is guided by principle and is reduced to a question of testimony, requiring only the faithful taking of that testimony.

The sole ground for doubt is the *quality* of this testimony, and much of it is, beyond question, derived from sources which neither merit nor receive confidence, but, fortunately, when this invalid testimony is thrown out, as coming from objectionable sources, a large residuum of truth is nevertheless substantiated by witnesses who are above reproach.

This testimony, is, of course, the *verified symptoms* of our materia medica. The cheap skepticism of our day may be disposed to question the intrinsic value of this material, but it is well for us that its nature and quality is susceptible of such critical examination as will satisfy the unbiased enquirer. Such an examination shows an agreement between two sets of witnesses that is all the more striking because these witnesses belong to parties which can have no coincidence save that inhering in a truth so absolute that both of them are obliged to recognize it.

The therapeutic reputation of Pulsatilla affords an illustrative instance. Phillips learned its virtues in the female sexual sphere while he practiced as an avowed homœopath, and he got his knowledge of these virtues from Hahnemann's pathogenesis of this remedy. On repudiating the title of homœopath, Phillips published his Materia Medica, and from it old school physicians have learned to use Pulsatilla in menstrual derangements. Their testimony to its efficacy is unequivocal; it corroborates the repute awarded to the drug by homœopathists, and establishes, as far as it goes, the truth of our verified symptoms of the remedy in this sphere of its action. This is not a solitary instance, as the pages of Phillips, Ringer, H. C. Wood and Bartholow will show, and thus the validity of our verified symptoms, in many cases, is established by evidence of the highest order.

In regard to many of our pathogenesies these verifications have been accumulating for more than half a century, and our proposition is that the percentage of these verifications goes far towards establishing the percentage of *valid symptoms* in our older pathogenesies.

An analysis of the pathogenesis of one of our well-known remedies will go far towards persuading the reader that there is much more probability in this proposition than may appear at first thought.

For instance, Pulsatilla shows the following percentage of verifications:

*Mind* 53 per cent.

*Head* 40 per cent.

*Eyes* 56 per cent.

*Ears* 63 per cent.

*Nose* 66 per cent.

*Face* 14 per cent.

*Mouth and throat* 53 per cent.

*Stomach and appetite* 51 per cent.

*Abdomen* 44 per cent.

*Rectum and anus* 62 per cent.

*Stool* 44 per cent.

*Urinary organs* 30 per cent.

*Sex. organs, female* 76 per cent.

*Sex. organs, male* 36 per cent.

*Respiratory* 58 per cent.

*Chest* 21 per cent.

*Heart and pulse* 87 per cent.

*Neck and back* 37 per cent.

*Extremities* 75 per cent.

*Superior extremities* 8 per cent.

*Inferior extremities* 35 per cent.

*Skin* 22 per cent.

*Sleep* 54 per cent.

*Fever and chill* 43 per cent.

A little consideration will show the practitioner that those parts of the pathogenesis upon which he has the firmest grasp, have also the largest percentage of verifications.

For instance, he can prescribe *Pulsatilla* for its ailings in the female sexual sphere with almost unerring certainty, and it is a significant fact that of the 17 symptoms under this rubric, 13 have been verified. Take again the mental conditions—surely, we apprehend *them*, they are pronounced, well defined, readily discerned. Of the 54 under this rubric 29 have been verified. Of the 113 under *stomach and appetite* 58 have been verified.

If the reader will study the above table of percentages with the *Encyclopædia* open before him, he will begin to feel that he has a promising method of detecting wheat and chaff in that ten-volumed word-wilderness.

It will be observed that some of our percentages under the rubrics run up to 75 and even 87 per cent., and from this it may be a matter of surprise to learn that the verifications for the pathogenesis, as a whole, reach only 43 per cent., leaving the inference that

of the 1322 symptoms of Pulsatilla in the *Encyclopædia* 57 per cent. are——trash? Hardly that, but, surely, of questionable value.

Let us now look through the polychrests for their general percentages:

Aconite 14 per cent.  
 Arnica 10 cent.  
 Arsenic 17 per cent.  
 Bell. 15 per cent.  
 Bry. 16 per cent.  
 Calc. 10 per cent.  
 Cham. 9 per cent.  
 China 10 per cent.  
 Dulc. 7 per cent.  
 Hepar. 14 per cent.  
 Hyos. 10 per cent.  
 Ipec. 12 per cent.  
 Lycopod. 9 per cent.  
 Merc. sol. 18 per cent.  
 Nux vom. 26 per cent.  
 Phos. 15 per cent.  
 Puls. 43 per cent.  
 Rhus tox. 30 per cent.  
 Sepia 13 per cent.  
 Silica 22 per cent.  
 Sulph. 31 per cent.  
 Verat. alb. 23 per cent.

These remedies are not new recruits, but veterans, the heroes who have won many a battle, and yet all their powers are found within these narrow percentages—the rest of their bulky pathogenesies being only encumbering fat; fat not having a marketable *tallow* value.

The unavoidable inference from all which is that, in their half a century of “active service,” these veterans have amply demonstrated whatever of puissance in them *is*, have made their *doing* palpable, have silently, after the manner of all *heroes*, repudiated all empty and vain ascriptions to them pertaining.

Have we not, then, within the limits of these *verified percentages*, a working materia medica which will enable us to realize all

the capabilities of these remedies? Can we not, at least, spare the student that soul-depressing bewilderment of a ten-volumed *encyclopædia*, or even of a time-honored two-volumed *symptomen codex*?

Having, then, a condensed materia medica containing only these verified symptoms, we still retain the *Encyclopædia* as our *dernier ressort* when the more meager details of our "condensed" do not afford a *similimum* for a case; and such instances should be faithfully published, as they occur, so that we could add them to our verified symptoms. Thus only in due process of time should we eliminate all that is of value in the *Encyclopædia*, and then we could give the residuum as an "infant food" for Hahnemannians, international or otherwise.

By such a curtailment some remedies would doubtless undergo a real loss, as they have not yet been on trial long enough to demonstrate all their capabilities, but absolute merit and "good works" would soon relegate them from the Purgatorio of the *Encyclopædia* to the Paradiso of the condensed materia medica.

I may, in a subsequent paper, offer a plan for the construction of such a condensed materia medica, which, it must be added, should by no means consist of *symptoms* alone.\*

SAM'L A. JONES.

Ann Arbor, March 31st.

\*The percentages are only exact enough for illustration.

### A MENTAL SYMPTOM OF TARAXACUM (VERIFIED?)

Spring has come—not exactly Mr. Thomson's "etherial mildness," but as nearly that as a God-cursed, sham-breeding 19th century can afford.

Spring comes unusually early to Ann Arbor, beguiled thither by the condensed greenness of two medical schools—faculties included.

Spring has a habit of making her *debut* with a lapfull of dandelions, and here my opportunity for verifying a mental symptom of *Taraxacum*.

It was taken in the form of a salad—the long, etiolated leaves had struggled through the heaped-up loam to warm themselves in the sunlight, but before his first blush had turned their crisp lusciousness into fibrous stringiness they were clipped from the root, by my friend Dr. R——, a German geologist by study, and a prodigy of

culinary cunning by inspiration—and under his divine touch became such a salad as should live in history with Cleopatra's pearl-draught.

Hast never eaten such a salad? Then count thy past a hollow mockery—spring having come for thee in vain!

First symptom noted after thus taking the *Taraxacum* was: "*Tension in the pit of the stomach and pressure in the ensiform cartilage, while stooping.*"

Now, any pin-feathered "International" knows that this a symptom of *Taraxacum*, and any heathen not International can find it in Allen's *Encyclopædia*, vol. x. p. 511, symptom 96.

Finding then, that the remedy was working, I kept my best eye wide open for symptoms.

Two hours and seven minutes after taking the *Taraxacum* a medical friend showed me a cookery book recently devised and put forth by an ex-professor in one of our colleges, as the title-page somewhat ambiguously declares. I looked over the book, and, being, by this time, fully under the influence of the *Taraxacum*, incontinently burst forth thuswise:

How strangely misplaced are  
Some men with their knowledge—  
Instead of a kitchen  
He got in a college!

[Midriff-heaving laughter from my medical friend. *Very much inclined to laugh myself.*]

Quiet being restored, my medical friend handed me another book—a thin, leather-clad booklet in fact, having the mythical legend on its cover: *Comparative Therapeutics*—saying the while, "What is that?"

"If 'comparative,' " quoth I, "it must be 'positive' nonsense or 'superlative' trash"—plunging the while into its pages.

At least an hour sped on eternity-wards, its solemn silence broken only by the rythmical puff of my friend's never-cold pipe.

Then, at exactly three hours and seventeen minutes after taking the *Taraxacum*, I broke forth as followeth:

"What is it?"

One scarcely can say what  
It is, or it not is,  
Then, pray why not call it  
Sam Potter's *Proglottis*?

"I don't exactly hook on," said my medical friend, dropping his pipe.

"A proglottis" said I, who would as soon submit to a *post-mortem* as explain one of my own jokes, "is a tapeworm-endavor to combine opposite sexes in one organism—the highest tapeworm-ambition being to produce hermaphrodites. The tapeworm-result always a parasite, and at the most its parent's poor best."

[Medical friend suddenly serious. *Very much inclined to laugh myself.*]

A fine chromo of *Skinner's Potentiser* will be given to any "International" who will make affirmation that he understood my joke without the post-natal explanation\*.

It will have been observed that twice in this narrative occurs the following sentence in italics: *Very much inclined to laugh*. It means little to the careless reader, but to the Lippeian observer it is pregnant with import. Just turn to Allen's *Encyclopedia*, vol. x, p. 509, *Taraxacum*, Symptom 4.

Hah! "*Very much inclined to laugh*." Langhammer. That symptom must appear in italics in Allen's *second edition*, and doubtless will when the second edition is published.

\* \* \* \* \*

"Poltztausend, what a snore!" It was the playful Gottlieb, my eleventh son, pulling me by the nose. The dandelion salad was too much for me, and in my post prandial nap I had been manufacturing 'symptoms' from "such stuff as dreams are made" in real "International" fashion. Nevertheless, I submit my symptoms to a discriminating profession, well knowing to which it will award the palm, as mine are avowedly dreams, sleep-phantasmagoria, and as such, honestly coming in the course of nature, which, O sapient reader, is more than can be said of many symptoms.

S. A. JONES.

\*Applications for the same to be made to the editor of the *Advance* who will forward them with a prospectus of his journal.

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PHOSPHIDE OF ZINC has been used in locomotor ataxia by Dr. Hastings Burroughs of Paris, with great benefit. He used one-tenth of a grain each day.

## American Observer.

E. A. LODGE, SR., M. D., DETROIT, MICHIGAN, EDITOR.

### THE HOMŒOPATHIC (?) PHYSICIAN.

The Phoenix that has just risen out of the ashes of the *Organon* in the April number declares paradoxically that it is *The Homœopathic Physician*, and “organ” of the Internationals. Why was it necessary to let the *Organon* die? Merely that *The Homœopathic Physician* might succeed to the slender fare and precarious prospects of its predecessor? Or did the motive for the change lie hidden in the deeper, darker fact, that “Internationals” have nothing in common with Hahnemann’s *Organon*?

But it is to the proposed department to be devoted to the OBSERVER, that the OBSERVER desires to call attention. This “department” is created in this official edict: “But each month we shall take up, in their order, the grounds of opposition taken by the OBSERVER against the “International Hahnemannian Association and the Homœopathic Physician.”

We should hail the creation of such a “department” in the “organ” of the Internationals with delight could we believe that an honest, straightforward discussion of Hahnemann’s doctrines would be facilitated or even in any degree tolerated in the pages of the *Homœopathic Physician*. But this small sect has ever displayed a spirit of unfairness and intolerance that removes it out of the pale of discussion. In the years gone by the great mass of American Homœopaths have patiently and quietly submitted to the sneers and abuse of the few who constitute the editorial corps of the so-called *Homœopathic Physician*. These few gentlemen arrogated to themselves all the knowledge of “pure Homœopathy.” They were fond of the expressions “pure Homœopathy,” and “inductive method.” Their “arguments” consisted in the declarations that only *they* themselves *ever could* would or should understand Hahnemann’s “inductive method” as exemplified in the *Organon*. Did any man who prescribed a “crude” drug in imitation of Hahnemann’s specimen cure with Bryonia (made a quarter of a century after the *Organon*

was written) dare murmur at the strictures of these self-appointed censors, he was immediately subjected to scurrilous abuse and denunciation as a "mongrel," "Eclectic," "Allopath," etc., etc.

Thus a species of terrorism was established and exercised by these few gentlemen (who allowed their first organ to die) over the great body of homœopathic physicians of the United States, whose ability and acquirements were and are not inferior to those of their would-be teachers.

This terrorism grew into an intolerable abuse. And it was in recognition of the inalienable rights of educated Homœopaths that the OBSERVER promulgated its introductory denunciation of the Internationals and their avowed "principles."

The OBSERVER has no retraction to make. It has ever favored "freedom of medical opinion." It believes in cultivating the largest liberty of individual conviction and expression. It desires that every man who adopts the legend "*Similia similibus*" shall be patiently and courteously heard for the faith that is in him. It demands for every shade of posological opinion within our law and statutes, an impartial hearing and a decision upon the laws and facts adduced.

In this connection we beg to remind the gentleman who writes so much under the ominous caption of "fatal errors," that he places himself in an awkward position in accusing the OBSERVER of falsification of Hahnemann's language.

The man who wrote the sentence that constitutes the "motto" of the Physician, gives in his fourth Am. ed. of the *Organon*, these facts as a part of "the latest practice" of Hahnemann and of "interest and importance to the Homœopathic practitioner." Foot notes to pages 205 and 206 of the above:

"But if the diseased organism be acted on by the physician with the same medicine at the same time, on other sensitive parts besides the nerves of the mouth and alimentary canal if, I say, the same medicine which is found salutary, be at the same time rubbed in externally in an aqueous solution on one or more parts of the body which are most free from morbid affections (e. q. on an arm or leg or a thigh that is affected by no skin disease, pains nor cramps.)" "In this way the physician *gains much* more advantage;" "by this means the salutary action will be much increased"—and can cure

him much more rapidly than by merely administering it by the mouth."

"This mode" "has been very much tested by me, and is *uncommonly efficacious*," etc., etc. Let Dr. Lippe read these words of the Editor of the *Organon* (Hering) given as the words of Hahnemann, and as representing his "latest practice" in 1837, and he will be driven to repudiate Hering or Hahnemann. Which shall it be? We think we could predict certainly on this point.

After the "International" fashion the two writers in the *Homœopathic Physician* who have attempted a defense of their organization and its organ, deal only in vituperation and mere assertion. If the OBSERVER has made a "false quotation," why not pursue the method recognized in controversial journalism, by quoting the "false" along with the *true* "quotation." This the OBSERVER has ever done. Can the *Physician* hope to command the respectful attention of thinking men while continuing to use the nefarious methods of the political scribbler?

The OBSERVER took its stand against the "International Association" because its platform of principles contained doctrines not taught by Hahnemann. This "platform" the OBSERVER contrasted with Hahnemann's teachings in the "Introductory" that has raised such a hubbub in the camp of the *Physician*. The OBSERVER charged that the Internationals were not (and are not) Hahnemannians in that they made *similia* subservient to "dynamization." They throw away *similia* altogether when they use a preparation more attenuated than the "X" or "decillionth potency" of Hahnemann. Thus all administration of preparations "higher" than this "X" of Hahnemann, (viz the 200ths the "thousandths," etc., etc., which seem the chief reliance of the Internationals) are made in defiant disregard of *similia similibus*. In what book or page did Hahnemann prove or recommend the C. M's? the M? or the M. M? Or the 200th? Did he not say that potentization must stop at the decillionth? What right have you to go further than Hahnemann's X?

The OBSERVER will not stoop to bandy epithets with anybody. If the *Physician* has aught of argument to adduce, we are prepared to prove by the crucial test that the *Organon* which lies upon our table, and which constitutes the bulwark of the OBSERVER's faith and practice, will prove a drastic cathartic to the Internationals.

T.

## THE AMERICAN INSTITUTE OF HOMŒOPATHY.

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The thirty-fourth session of this great national medical organization will be held at Brighton Beach, near the city of New York, June 14th to 18th inclusive.

Of the attractions of this now popular sea-side resort it would be superfluous to speak. It is only necessary to say, that by the efforts of President Dowling and Treasurer Kellogg, arrangements have been made with James Breslin, Esq., proprietor of Hotel Brighton, to entertain the members of the Institute and their friends, who may attend the meeting, in princely style and at reduced rates. The hotel is said to be one of the grandest in the world. To the pleasure-seeker and sight-seer alone, the beauties of Brighton Beach will well repay the tourist a trip across the continent; not to mention the attractions of New York city, its Parks, Egyptian Obelisk, Hell-gate Channel, Elevated Railroad, Brooklyn Bridge, etc.

From present indications the approaching meeting will be one of the largest and most important ever held by the Institute. We are promised full and carefully prepared papers and reports from the various Bureaus and Committees; while the new features of holding sectional meetings will afford opportunity for a full discussion of the subjects presented. These discussions will be reported *verbatim* by expert short-hand writers, and will appear in full in the transactions as an appendix to the papers of each Bureau, thus adding largely to the practical value of the work.

Since the last meeting of the Institute (June 1880), the committee of publication has printed (including two vols. of 1876), over *three thousand five hundred* octavo pages or four volumes averaging about *eight hundred and seventy-five pages each*; the matter methodically arranged, neatly printed, carefully indexed, and three volumes substantially bound in cloth and delivered to members, *not in arrears* to the Treasurer, without individual expense.

The Institute has a record of which, not only its members, but the profession as a whole may well be proud. Its membership is composed of many of the most influential and progressive physicians of our school, while its papers and discussions compare favorably with those of any other medical society in the world.

It must be apparent to any one conversant with the history of homœopathy in this country, that the concentration of medical thought and the scientific investigation of therapeutic agents, as expressed by the Institute, are such as to exercise an influence, that it would be impossible to exert without associated action.

In conclusion we most earnestly appeal to every eligible homœopathic physician in the United States to join in earnest practical work in the interests of medical science by becoming a member of the Institute at its approaching session. While it is desirable, it is

not obligatory upon you to attend the meetings, and should either circumstances or choice, prevent you from mingling with our deliberations in person, you may still become a member of the Institute, and in return receive the Transactions, which will yield you two-fold the value of your pecuniary investment.

J. C. BURGHER, *General Secretary.*

## AMERICAN INSTITUTE OF HOMŒOPATHY.

Session at Brighton Beach, N. Y., June 14-17, 1881.

BUREAU OF GENERAL SANITARY SCIENCE, CLIMATOLOGY AND HYGIENE.

Subject for discussion; Personal Hygiene.

Bushrod W. James, M.D., Philadelphia, Pa., Chairman. Progress of Sanitary affairs during the year: Introductory paper on Hygiene and its relation to medication.

D. H. Beckwith, M. D., Cleveland, Ohio. Personal Hygiene as to the air breathed.

T. S. Verdi. M. D., Washington, D. C., Personal Hygiene as to dwelling occupied.

T. P. Wilson, M.D., Ann Arbor, Mich. Personal Hygiene as to habits formed.

E. N. Jones, M.D., Taunton, Mass. Personal Hygiene as to district inhabited.

L. D. Morse. M.D., Memphis, Tenn. Personal Hygiene as to clothing worn.

G. W. Ockford, M.D., Burlington, Vt. Personal Hygiene as to fluids drank.

H. W. Taylor, M.D., Terre Haute, Ind. Personal Hygiene as to food eaten.

A. R. Wright, M.D., Buffalo, N. Y. Personal Hygiene as to business followed.

## HONOR TO WHOM HONOR.

We record the following correction with pleasure: "In your notice of the N. Y. Ophthalmic Hospital (p. 173 of the April number) I observe that the names of the class are recorded alphabetically; they were not so graduated, but according to their rank, as was evidenced by the order in which the names were called off by Prof. Norton, as follows:

Peterson, A. C., M. D., San Francisco, Cal.

Moffat, E. J., M. D., New York City.

Moffat, J. L., M. D., Brooklyn, N. Y.

Wilson, W. F., M. D., Chariton, Iowa.

Brown, E. C., M. D., Ann Arbor Mich.

By noting this correction you will do justice to Dr. Peterson, who led the class.

## FIG NOTES.

Dr. J. Vineyard, of Ark., writes me: "I use fresh figs as a preventive, and in the treatment of malarial fevers. As they have a laxative effect, and costiveness is the forerunner of the malarial fever, the timely use of the fruit prevents the disease."

M. Bouchut (a French scientist) has been investigating the digestive principle of the fig tree. The results of preliminary tests (*Comptes Rendus*, xci, p. 67) on the milky juice collected from a fig tree, show that this juice contains a powerful solvent, capable of digesting albuminoid matters.

Ninety granules of fibrin being added in eight successive portions, at intervals of one or two days, to five granules of the milky juice, and kept at a temperature of  $56^{\circ}$  C., was for the greater part digested, leaving a small amount of a white homœogenous residuum, the solution having the odor of good broth.

G. F. NEEDHAM.

Washington, D. C.

FIG CULTURE.—Dr. G. F. Needham, Washington, D. C., sends us his pamphlet (third edition) "Fig Culture at the North," in which he shows conclusively that the people of the Middle and Northern States, by using the proper means, can grow figs of as good quality, and in abundance, at the north as at the south, that is, as fine as the imported.

All, especially doubters, are invited to send for it, enclosing a three cent stamp.

The pamphlet gives all necessary information as to growing the trees, preparing the fruit by various methods for home use and the market.

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EXPERT TESTIMONY.

[Toledo Medical Journal.]

At a trial in Toledo in which two physicians had given their testimony as to the facts and were then asked to testify as experts, they declined testifying without compensation. Instead of committing them for contempt, the judge dealt with the case in this way: "This question is one that may be asked, and it is a legal question. But it is calling upon these gentlemen for their opinion, which is the result of money, and study and deep thought for many years, and asking them to do all this for a mere pittance of seventy-five cents a day. It is wrong, there is no question about it. Practically they are right. The law has not provided for this thing. It is a *casus omissus*; it is a thing which, if the attention of the Legis-

lature had been directed, would have been provided for, because it is just and right. There is no more right in calling upon these medical gentlemen for their years of labor and study and expense, than there would be to call upon a lawyer. Suppose a man has an important matter on which he wants advice, and takes it to one of the lawyers here and says, 'I want your legal opinion;' is there any respectable lawyer who would consent to look after this matter without charging for giving his opinion? Well, now, it is precisely that sort of opinion that our medical men are called upon to give. They are entitled to fair and respectable compensation, and they ought not to be compelled, in my view, to give the result of their observation and thought and when it comes from all these years of labor. I therefore will not force that question unless the witness sees fit involuntarily to answer it. In this instance the power of the law might be used, but it would do what is substantially wrong—asking from a man a thing that is valuable and that there is no compensation for."

MALE WET-NURSES. (*Mattison's Monthly Review*.)—The *Journal des Sages-Femmes* has notice of a German physician in Pomerania who makes a specialty of supplying wet-nurses. He excites the secretion of milk, not only independently of pregnancy, but in men as well as women. An applicant for a wet-nurse is always asked whether a *male* or a *female* is desired. The former is preferred by some families, under the belief that greater vigor is thus imparted to the infants.

THE MILLENIUM HAS COME. (*Pacific Med. and Surg. Jour.*) The San Francisco *Evening Post* seriously announces that the three medical schools, "allopathic," homœopathic and eclectic, have united and formed a monopoly, excluding all other schools from practice and absorbing all the public moneys. Next will come a partnership of Moody, Sankey, Ingersoll and the d——.

A SCOTCH PROFESSOR lately put this question to his class: "What are the contents of the human stomach when it is empty?" So says the *Med. Press and Circular*.

BINOCULAR GLASSES.—(*Stoddart's Review*.) The credit of the invention of binocular glasses has usually been assigned to a certain Bohemian friar, Father de Rheita, who died at Ravenna in 1660. His treatise, which bears the quaint title of *Oculus Enochiet Eliæ*, was published in Antwerp in 1645. In 1677 there appeared at Paris a volume entitled *La Vision parfaite*, by another ecclesiastic, Pere Cherubin, of Orleans, which contained an account of some improvements on De Rheita's discovery, illustrated by excellent copper-plate engravings. Lately, however, Signor Govi has unearthed in the Bibliothèque Nationale a printed document which proves the antiquity of binocular glasses to be a little more remote. This document is a placard by one D. Chorez, of Paris, who lived on the island of

Notre Dame, at the sign of the "Compass." The placard is in old French, and headed "Av Roy;" it states that the "admirable lunettes" it describes, and which are represented by accompanying figures, were invented by Chorez and dedicated to the king in 1625.

INFANT MORTALITY IN FRANCE.—M. Paul Leroy-Beaulieu calls attention to the increase of infant mortality in France during the last thirty years. Between 1840 and 1849 the number of deaths of children below one year (of every 1000 births) was 140; from 1850-59 it was 172; from 1860-69 it had increased to 175; and it rose during the last decade to 178. A striking feature in connection with this branch of social politics is the increase in the number of still-born children, and particularly in the case of illegitimates. Dr. Daremburg published recently in the *Journal des Debats* the following figures under the former head, showing that in 1839 there was one stillborn child to every 35.8 births; in 1845, one to every 34.2; in 1855, one to every 22.6; in 1865, one to every 19.7; and in 1873, one to every 18.6; while among illegitimates the number of deaths had increased from one in twenty births in 1839 to one in eleven in 1873. Both Dr. Daremburg and M. Bertillon attribute this unsatisfactory state of things in a great measure to the increase of crime; and there is no doubt that infant mortality is largely affecting the decrease of population in France.

WHAT IS A REGULAR?—This question is propounded by a Johnstown, Pa., M. D.,—presumably an allopath, to the New York *Medical Record*, and that journal don't know how to answer it! The American Medical Association, composed exclusively of "Regulars," has never defined the term, and that wonderful code of theirs is silent on the subject. Why does not the *Record* do precisely as it would on any other word, *i. e.*, go to the dictionary? Let us read Webster to him. Now, listen!

"Regular.... 1. *Conformed to a rule; agreeable to an established rule, LAW OR PRINCIPLE, to a prescribed mode, or to established customary forms, as a regular practice of law or medicine;* 2, *governed by rule, or rules;* 3, *steady or uniform in a course of practice;* 4, *instituted or initiated according to established forms or discipline (i. e., properly educated and graduated,—EDS.);* 5, *methodical, orderly.*"

The "regular physician" then, MUST be a *properly educated and graduated homœopathist*. No other *can*, in any essential particular, fill up the measure of Webster's standard. Will the *Record* please publish the above for the benefit of its inquirer, and give due credit to the HAHNEMANNIAN?

MILWAUKEE BOGUS DIPLOMA SHOP.—The Hahnemannian, referring to the report of such, says: "If certain individuals, whom we could name, do not subject it to a crucial test in very brief time; we shall wonder what they are pottering about."

# Physiological Chemistry.

PROF. CLIFFORD MITCHELL, M. D., CHICAGO, ILL., EDITOR.

## NEW RESEARCHES UPON TOBACCO SMOKE.

BY CLIFFORD MITCHELL, M. D.

In a work published in 1872, Dr. LeBon, of France, made known to the world the results of his researches upon the proportion of nicotine absorbed by smokers, and the amount which condenses in their respiratory organs.

Nicotine, however, is not the only toxic principle contained in tobacco smoke, but there are also found oxide of carbon, prussic acid, and certain aromatic principles which give to the smoke its special perfume.

Recently, LeBon has studied the estimation and proportion of each of these principles and has sought by experiments to determine its action on the economy.

The following are his conclusions:

1. The principles of tobacco smoke which condense on cooling in the mouth and in the lungs of smokers, contain notably nicotine, ammonium carbonate, divers tarry substances, coloring matters, prussic acid combined with bases, and lastly, strong smelling and very toxic aromatic principles.

In smoke these different substances are mixed with a large proportion of aqueous vapor and different gaseous products, notably oxide of carbon and carbonic acid.

2. The liquid resulting from the condensation of these aforesaid substances is endowed with extremely toxic properties. A very small amount injected into the circulation of an animal will cause it to succumb after the manifestation of various symptoms of paralysis.

3. The properties of tobacco smoke which have been attributed solely to nicotine are due as well to prussic acid and various aromatic principles, notably a certain alkaloid collidine.

Collidine is a liquid substance of agreeable and very penetrating odor, found as a product of the distillation of various organic matters.

Its physiological properties are wholly unknown but its odor is so strong that one drop of it will be perceived thereby in a large amount of water.

4. Collidine is an alkaloid fully as toxic as nicotine.

The twentieth part of a drop will kill a frog almost instantly, producing first symptoms of paralysis.

It can not be breathed any length of time whatever without causing muscular debility and vertigo.

5. Several phenomena such as vertigo, headache and nausea, which certain tobaccos, poor in nicotine, produce, are due to the presence of prussic acid and the various aromatic principles; certain other tobaccos, although rich in nicotine, produce no such effects.

6. The proportion of prussic acid and of aromatic principles contained in the tobacco smoke varies according to the tobacco used.

Those tobaccos obtained from Havana and from the Levant contain the greatest amounts. LeBon has been able to isolate and to estimate both prussic acid and collidine from the smoke of such tobaccos.

7. The black, semi-liquid matter which condenses in the interior of pipes and cigar holders contains all the substances enumerated above, and notably strong quantities of nicotine.

It is extremely toxic in small doses, two or three drops sufficing to kill a small animal.

8. The combustion of tobacco destroys but a small amount of the nicotine contained in it.

The proportion capable of being absorbed by smokers, determined by experiment, varies according to different conditions, but seldom is less than 50 centigrammes to the 100 grammes of tobacco.

The amount of ammonia absorbed at the same time is almost the same.

9. When the smoker inhales the smoke the greatest amount of all poisonous principles is absorbed.

The least amount is absorbed when the narghile or a pipe with a long stem, is smoked without inhalation.

10. Nicotine kills animals *instantly*, in doses of from two to three drops, but in much smaller doses produces paralysis and eventually death.

11. Tobacco smoke contains about 8 millilitres of oxide of carbon to the 100 grammes of tobacco smoked.

The experiments of LeBon demonstrate that the toxic properties of tobacco are *not* due to this gas, all German authority to the contrary notwithstanding.

12. Among the most certain effects which the use of tobacco brings about in the long run in a smoker are visual troubles, palpitations, tendency to vertigo, and, above all, diminution of the memory.

The researches of LeBon throw new light upon the subject of tobacco and its effects upon the system. I can from personal experience confirm the conclusions arrived at in (5) and (6) mentioned above, being myself exceedingly sensitive to the action of tobacco smoke and having frequently noticed that Havana tobacco produced more disagreeable effects than other tobaccos richer in nicotine.

The theory advanced by certain German enthusiasts that the toxic properties of tobacco were due to the presence of oxide of carbon in the smoke, is fully refuted by the experiments of LeBon, which show only 8 millitres of this substance in 100 grammes of tobacco smoked.

We venture to take some exceptions to the symptoms mentioned in (12); how many persons constantly using tobacco manifest such symptoms? If a thousand men who smoke and a thousand men who do not smoke be chosen at random, by how much more will the men who smoke manifest symptoms of visual troubles, tendency to vertigo, palpitations, and diminution of the memory?

It is very difficult to fix upon such symptoms as due to the use of tobacco alone; there is too great a tendency among some physicians to blame this, that, or the other thing as the only cause of this, that, or the other symptom.

I once knew a physician in the old school who had purchased a recent work on the liver; the result of reading this was that every patient in his practice was fed on nitro-muriatic acid until he next bought a work on the nervous system, which advocated bromide of potassium as a polychrest in such troubles, when nitro-muriatic acid was laid by and the bromide substituted in its place.

The theories advanced in regard to "winter cholera," which has prevailed here in Chicago, are equally one-sided and limited.

One physician at once announces authoritatively that the "winter cholera is due to the contamination of the lake water by the sewage

products; another one, with equal authority, declares that the promiscuous use of tropical fruits by the people here this winter causes it, because citric acid is converted into oxalic acid in the system; another affirms dogmatically that the ozone of the atmosphere is largely increased and hence "winter cholera!"

In face of the fact that disease is the product of *many* factors, a certain over-hasty class of practitioners is always ready to assume it to be caused by a *single* one, and as a result, the laity are confused and confounded.

Certain physicians who are not suffering from acute attacks of winter cholera theories, or chronic weakness for ideas in regard to ozone, are often badly afflicted with the nicotine, or tobacco craze.

If a patient have a headache, tobacco is alone responsible for it; if a patient has used his eyes steadily all night by the light of a kerosene lamp the diagnosis is "visual trouble from excessive use of tobacco:" if a patient fail to remember the name of his mother-in-law's second cousin, the verdict is "diminution of memory from prolonged use of tobacco."

Let it not be understood that we are defending the excessive use of tobacco; it makes but little difference what a person does to excess, the result is always disastrous. The man who exercises to excess dies of heart disease; the man who drinks to excess, of Bright's disease; etc., etc.

On the other hand, we claim that a moderate use of tobacco, even for a great length of time, does not bring about all the illnesses from which the user of the weed may suffer during that time; we believe, however, that if a person have a natural tendency to visual troubles, palpitations, and the like, that the prolonged use of tobacco will either, on the one hand, develop such troubles, or on the other, aggravate them.

There is one side of the tobacco question which does not seem to have due prominence accorded to it, namely, the influence of tobacco on the contraction of zymotic disease.

Is not a man who does not smoke more likely to acquire diphtheria, for instance, than one who does?

I have the opinion of several practitioners that from their observation smokers are more apt to escape such diseases; as far as theories go, based upon few statistics, this view is as reasonable as any which claim that smoking is the *cause* of visual troubles, palpitations, etc.

## RAPID ANALYSIS OF ORGANIC MATTERS CONTAINING MINERAL POISONS.

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Pouchet has used successfully the following method of analysis for mineral poisons contained in organic matters: The substances to be examined are placed in a porcelain capsule and potassium acid sulphate, chemically pure, is added, in amount 25 to 100 of the substances in the capsule, and also fuming nitric acid, using an amount of equal weight with the suspected matters. The chemical action ensuing will be violent at first, but subsequently gentle heat must be applied.

If arsenic and antimony are sought for, after the action has subsided, cool the mass, pulverize it, treat with boiling water and examine this aqueous solution according to the method of Sautier; (Comptes Rendus August 1875); if other metals than these are looked for after the action of the potassium acid sulphate and the nitric acid add pure sulphuric acid (66 ° B) until the mass becomes a liquid, and then heat at a temperature near the boiling point of sulphuric acid. By continued heating and addition of more sulphuric acid if necessary, all the organic matter which has escaped the action of the nitric acid and the potassium acid sulphate will be destroyed and the carbon completely oxydized, the mixture becoming finally clear and limpid. To ensure the complete destruction of all organic matter, let the mixture cool, and then throw into the clear liquid several crystals of pure potassium nitrate, heat anew until the liquid has but little color, then allow to cool.

After the mixture is thoroughly cooled dissolve the saline mass in boiling water, bring it up to a litre in amount and without filtration submit it to electrolysis, using preferably the gas pile of Diamond.

If platinum electrodes be used the plate at the negative pole will become gradually covered with a grayish black or metallic coating, according to the metal present, and if the electrolysis be continued for upwards of 24 hours, a quantitative estimate of the amount of metal present may be made.

The process of preparation for electrolysis takes only twelve hours, and as small amounts as half a milligram of metal to the hundred grammes of organic matter have been demonstrated and estimated by Pouchet.

C. M.

# Clinical Observations.

H. W. TAYLOR, M. D., TERRA HAUTE, IND., EDITOR.

## THE HOMŒOPATHIC TREATMENT OF ERYSIPELAS.

*By Dr. D. Pedro Rino Y. Hurtado.*

ABRIDGED AND TRANSLATED BY CLIFFORD MITCHELL, D. D.

### II.

In the simple or benign form of Erysipelas, we prefer *Aconitum*, *Belladonna*, *Apis*, *Camphora*, *Graphites*, *Hepar sulphuris*, and *Lachesis*.

In the phlegmonous form: *Aconitum*, *Belladonna*, *Hepar*, *Lachesis*, *Mercurius*, *Rana bufo*, and *Rhus*.; secondly: *Arnica*, *Bryonia*, *Carbo animalis*, *Chamomilla*, *Graphites*, *Phosphorus*, *Pulsatilla*, *Sepia*, *Sulphur*; thirdly: *Arsenicum*, *Borax*, *Calcarea carb.*, *China*, *Kali carb.*, *Lycopodium*, *Petroleum*, and *Zincum*; fourthly: *Camphora*, *Cantharis*, *Carbo vegetabilis*, *Causticum*, *Cistus canadensis*, *Euphorbium*, *Helleborus*, *Magnesia*, *Nitri acidum*, *Ruta*, *Sabadilla*, *Sambucus*, *Sarsaparilla*, *Silicea*, *Stramonium*, *Thuja*.

In the vesicular variety: *Rhus tox.*; secondly: *Anacardium*, *Arsenicum*, *Belladonna*, *Cantharis*, *Clematis erecta*, *Graphites*, *Lachesis*, *Pulsatilla*, *Ranunculus*, *Sepia*, *Sulphur*; thirdly: *Ammon. carb.*, *Baryta*, *Bryonia*, *Carbo animalis*, *China*, *Cistus canadensis*, *Euphorbium*, *Hepar*, *Petroleum*, *Phosphorus*, *Sabadilla*, *Staphisagria*.

In the traumatic form: *Aconitum*, *Apis*, *Arnica*, *Ruta*, *Calendula*.

In the œdematous variety: *Rhus*: afterwards: *Arsenicum*, *China*, *Helleborus*, *Kali*, *Lycopodium*, *Mercurius*, *Sulphur*.

In the chronic form: *Sulphur*, *Cantharis*, *Anthrakokali*.

In the gangrenous form: *Arsenicum*, *Carbo veg.*, *Lachesis*; secondly: *Aconitum*, *Belladonna*, *Camphora*, *China*, *Hyoscyamus*, *Muriatis acidum*, *Rhus*, *Sabadilla*, *Secale cor.*, *Silicea*.

In the intermittent variety: *Arsenicum, China.*

In the fugacious form: *Belladonna, Rhus, Graphites.*

In the erratic or wandering form: *Pulsatilla, Arnica, Belladonna, Manganum, Nux mosch., Sabina, Sulphur.*

In the multiform variety: *Arnica.*

We shall next discuss the locality of the disease.

For erysipelas of the face: *Belladonna, Graphites, Lachesis, Apis, Rhus.* secondly: *Carbo veg., Chamomilla, Crotalus, Hepar, Pulsatilla, Sepia, Sulphur;* thirdly: *Borax, Calcareo, Camphora, Cantharis, Cistus, Euphorbium, Nitri acidum, Ruta, Stramonium.*

For erysipelas of parts covered with hair: *Arnica, Arsenicum, Belladonna, Graphites, Hepar, Rhus, Sulphur.*

For erysipelas of the ears: *Lachesis, Mephitis putorius;* for that of the nose: *Cantharis, Plumbum;* of the breasts: *Chamomilla, Carbo animalis, Phosphorus, Sulphur.*

For erysipelas of the genitals: *Mercurius, Sepia, Sulphur;* of the scrotum in particular: *Arsenicum.*

For erysipelas of the body: *Arsenicum, Graphites, Mercurius, Pulsatilla.*

For erysipelas accompanying superficial ulceration: *Clematis erecta.*

For erysipelas of the limbs: *Borax, Calcareo, Graphites, Hepar, Pulsatilla, Rhus, Zincum.*

For that of the feet: *Bryonia, Pulsatilla, Rhus.*

For that of the legs: *Borax, Calcareo, Hepar, Pulsatilla, Sulphur.*

When there is metastasis to the brain: *Belladonna, Hyoscyamus, Stramonium*—of less value, *Bryonia, Crotalus, Lachesis, Mercurius, Sulphur.*

In metastasis to the testicles: *Carbo vegetabilis.*

In metastasis to the uterus or ovaries: *Apis, Belladonna, Cantharis, Mercurius, Sepia, Stramonium.*

Dr. Richard Hughes deems erysipelas to present three aspects: *Superficial, Phlegmonous,* and that of *Cellulitis*, more or less extensive, resulting in diffuse phlegmon or an inflammatory abscess.

For superficial erysipelas he advises *Belladonna, Apis,* and *Rhus.*

For phlegmonous: he prefers *Aconitum*, which he alternates at times with *Belladonna*, when there is considerable cutaneous inflammation; if suppuration be threatened he gives *Hepar sulphuris* to promote it, holding *Silicea* in reserve to limit it if it become excessive, advising *Lachesis* as specific for gangrene, and *Arsenicum* for typhoid complications.

In *diffuse cellulitis* he prefers *Veratum viride*, deeming it more suitable than *Aconitum* for controlling the inflammatory fever, and giving *China* in subsequent treatment.

Afterwards he recommends *Belladonna* when erysipelas of the head attacks the brain: *Rhus*, in superficial localization, *Stramonium* for the delirium, *Cuprum*, when the cerebral symptoms are those of *oppression* especially if the hyperæmia of the skin be diminished, *Apis* for the angina of erysipelas with œdematous glossitis in prospect, *Graphites* recommended also by Jahr and Bæhr for *Erysipelas Erratica*, changing its place often, with *Arsenicum* in case there is prostration of forces, *Lycopodium* and *Sulphur* instead of *Belladonna* and *Rhus* for non-febrile erysipelas when the concomitant or consecutive œdema is *painful*, giving preference to *Graphites* when it is not so, as well as to *Sulphur* and *Aurum*.

Dr. Ruddock recommends for the febrile stage of Erysipelas *Aconitum* and *Veratum viride*; for the smooth, non-vesicular form *Belladonna*, *Bryonia* and *Pulsatilla*; for the vesicular form *Rhus tox.*, *Cantharis*, *Veratum viride*; as auxiliary remedies he adds: *Apis* when swelling predominates, *Arsenicum*, *Carbo Vegetabilis* and *Acidum Nitricum* when there is a *phlegmonous* tendency; *Lachesis* and *Arsenicum* when there is gangrene, *Sulphur* for the chronic form or when the symptoms abate.

Doctors Allen and Norton in their magnificent ophthalmic monograph give precise indications for treatment of Erysipelas of the lids which often accompanies and complicates disorders of the eye; these celebrated practitioners recommend *Apis*, *Arsenicum*, *Belladonna*, *Rhus*, and *Veratrum viride*.

They prefer *Apis* when smooth swelling of the face is accompanied by erysipelas of the lids; especially if there be chemosis in the concomitant conjunctivitis; when the upper lid is very œdematous threatening to close entirely the lower one; when with lachrymation and photophobia there is present also stinging, itching, heat, and a sensation as of a swelling about the eye and eye brows; when there

is violent lancinating pain in the right eye extending over all the globe, somnolence (without thirst) and aggravation in the afternoon, and the first hours of the night.

*Arsenicum* is indicated when erysipelas of the lid is associated with a general cachectic state so characteristic of the action of this drug; when there is great prostration, inquietude, thirst, etc.

The lids are swollen and œdematous especially the lower, very often without inflammation or pain; the pain is of a burning character and there are periodic aggravations, especially after midnight.

*Belladonna* is indicated when the lids are red, swollen, congested, as well as the parts surrounding them; when there are pulsating pains, when the integuments is a brilliant lustrous red without the peculiar œdematous aspect observed in *Apis* and *Rhus*; lachrymation *neither*, nor trouble in one eye more than in the other predominates, but there is violent, pulsative cephalalgia.

*Rhus toxicodendron* is to be preferred when in erysipelas of the lid, either traumatic or non-traumatic origin, there predominates an œdematous and erysipelatous swelling of the lids and of the face, with little blisters scattered over the whole superficies, with tensive pains in the cheeks and head; the lids are spasmodically closed, there is much lachrymation, chemosis, aggravation in wet weather and towards the last part of the night; a notable indication for this remedy is when dampness, atmospheric changes, or wetting of the feet contribute to or determine the sufferings.

Dr. Liebold holds *Veratrum viriæ* in high esteem in traumatic erysipelas of the lids.\*

The most efficacious remedies in the treatment of Zona are *Phus tox*, *Graphites*, *Cantharides*, *Clematis erecta* and *Panunculus bulbosus*; sometimes indications may appear for *Mezereum*, *Cistus Canadensis*, *Arsenicum album*, *Staphisagria*, *Causticum*, and *Dolichos pruriens*.

Dr. Hughes eulogizes *Rhus* for the first period, Prost-Lacazon limits himself exclusively to *Rhus* and *Clematis*. Teste prescribes *Rhus* and *Arsenicum* in the eruptive stage, *Causticum* as an auxiliary, for aged patients, *Thuja* for young people, *Graphites* and *Merc. sol.*, when the eruption persists, *Arsenicum* and *Sulphur* when ulcerations form, and *Merc. Jod.* in the most refractory cases.

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\*Dr. Chas. G. Fuller, of Chicago, has found *Argentum nitricum* admirably adapted to certain forms of erysipelas of the lids.

We must remember the efficacy of *Bufo Sahitiensis* in this form of erysipelas according to the recommendation of Dr. Benito Garcia Fernandez of *Santiago, Chili, onr laudable compatriot*.

In regard to the efficacy of local treatment in erysipelas and the desirability of the same the illustrious Granier recommends abstinence from all topical applications allowing only powdered rice to be dusted over the erysipelalous surface on certain occasions; Cramoisy, Bart, Bayes, Schwabe, Ozanam, Jousset and many others advise the local use of indicated remedies, diluted to suit the convenience.

Dr. Hammelrath does not limit himself to potencies, triturations, and tinctures, given internally, but uses combinations and mixtures in the shape of collyria, lotions, pomades, dusts, glyceroles, instillations, insufflations, compresses, inhalations, gargles and enemas with which he meets the manifold necessities of practice and the exigences of diseases in their various localizations.

In the same manner Dr. Cramoisy aids the action of his prescriptions used internally with lotions of *Cantharides*, sufficiently dilute in cases of erysipelas.

Dr. Guilde of Santa Barbara decides for local treatment as we have elsewhere shown.

Dr. Schwabe, of Leipzig thinks well of wet compresses applied constantly to the head whenever the cerebral symptoms are violent, and of oil of sweet almonds applied to the inflamed surface, covering the latter also with a thick layer of raw cotton to protect it from atmospheric influences.

Ruddock recognizes the desirability of non-interference with the natural functions of the skin, of avoiding draughts of air, coldness, and sudden atmospheric changes; he prohibits all local applications in the benign form of erysipelas but when heat and irritability predominate he uses superfine flour, starch well powdered, together with violet powders, as dust for the inflamed surface; when the inflammation increases greatly he recommends moderately warm fomentations or collodion, provided the inflammation be of limited extent, his object being to shield the parts from the air; if œdema predominate he applies a light compress; but if pus be formed he gives it an outlet by surgical means.

He speaks well of lotions composed of Carbolic acid and milk,

of Sulphurous acid and Glycerine or water (equal parts) likewise those of *Veratum viride*, *Lemon juice*, and *Cantharides*.

Dr. Conant, of Middletown pronounces against all local treatment, saying: That in the majority of cases it is dangerous, in many entirely superfluous, and in not a few a positive obstacle to cure; he asserts that in all cases of dermatitis where there is no ulceration, internal treatment alone is preferable and at times the latter is very useful even in erysipelalous ulcers.

He concedes nevertheless that there are soothing medicated applications which relieve pain, *which would be the part of a fanatic to reject*, he instances among others, starch or arnica finely divided for alleviating the burning heat and smarting pain of the diseased skin, a soothing ointment of lard for allaying the pruritus, and of glycerine for diminishing the great heat, smarting pain and itching.

Some physicians use potato flour for protecting the inflamed surface from contact with the air; others open the vesicles with a fine trocar and cover them with compresses saturated in a solution of Cantharis.

Some use *Sulphur*, *Graphitis*, *Baryta* and *Aurum*, excellent correctives of the leavings or sequelæ of erysipelas as for instance erythema with swelling of the dermis; *Hepar sulphur* <sup>3x</sup> is to be preferred in securing ceases if there is pain in the attached parts more especially, or ulcerated lesions showing a tendency to become chronic.

A case in practice, from one of our journals, shows that erysipelas may be aborted; a lotion of one part Glycerine to two of water followed by a prescription of *Arsenicum* <sup>6x</sup> and *Rhus* <sup>3x</sup> alternately every hour prevented a threatened attack in a lady accustomed to reiterated attacks of erysipelas.

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#### DIGESTIVE FERMENTS.

Bouchut has found the juice of the fig tree to contain a powerful digestive ferment, in nature a vegetable pepsine and capable of digesting albuminoid matters.

QUINIA may be easily separated chemically from strychnia by heating the chloroform residue containing the two alkaloids to 110° c., dissolving in warm water to which sulphuric acid has been added, neutralizing with ammonia, and mixing with ammonium oxalate, when the quinia is precipitated as an oxalate.

## CLINICAL NOTES.

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BY J. G. BURROUGHS, CENTRALIA, ILL.

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## LACHESIS.

**CHEST PANGS.**—A married lady, at 36 years, the mother of four sprightly children, was suffering intensely with aching, stinging pains in chest. One dose of lachesis, 6x, cured. The dose was 10 centigrammes of the 6x trit.

**ABDOMINAL PAINS.**—Beginning at, or near the navel and extending all over the abdomen. Uneasy all the time. Spasmodically worse—better when still. The pain is a constant aching, but, sometimes, almost unbearable—bending the body forward to obtain relief. The misery is accompanied by coldness in the bowels—extending all over the body, followed, sometimes, by heat with a sensation of fullness. Gave lachesis 6x trit.—10 centigrammes. One dose gave immediate relief. Pains returned in four hours; gave another dose of lachesis 6x trit., which effected a cure.

## HECKLA LAVA.

A married lady, the mother of several children, came under my treatment for a lung trouble, presenting the following symptoms, viz.: An oppressive breathing; could not breathe full and deep. Left lung felt as though there was a heavy weight laying upon it and the air cells stopped up or closed. This sensation she had had for about eight years—sometimes worse, then better. Better in spring and summer, when she could go often to the woods and breathe the pure, fresh air. When rambling through the woods she says that she could always get a better and fuller breath than any other time. We gave her 20 gtts. heckla-lava, 3x dil. In 15 minutes time she breathed free, full, deep and easy. This was about one month ago from present writing, April 18, 1881, and, strange as it may seem, she still continues to enjoy a good breath, breathing full, deep and easy.

## TARTARUS EMETICUS.

In the spring of 1876 a man, at 45, or thereabouts, came under my treatment for a gunshot wound, which he had received in the late war. The wound was altogether a flesh wound, but one that gave him much pain and trouble at times. He was a hardware merchant by occupation. The ball had penetrated the *pectineus* and

*adductor longus* muscle of the left limb and passed out through the *glutæus maximus*. He was laid up every spring and autumn, from five to seven and eight weeks at a time, and every time, of course, he was under the treatment of the regulars, who fed him opiates only, until the time had fully come for using the lance to give vent to the accumulated pus. Having met with me at the time above mentioned, when his limb was in a fair way to again bring him to his bed, he applied for treatment. His limb was then very much inflamed and swollen. We prescribed tart. emet. ix trit., five centigrammes every three hours. This was continued until two grammes were taken. The effect was immediately perceptible. I resided in that place until the spring of 1878, and I am happy to record the fact that his wound healed, under the above treatment, without bringing him to his bed, or in any way discommoding him. And, as far as I know, he has never since suffered from his wound.

I consider *Tart. emet.* homœopathic to all abscesses, of whatever character, accompanied by inflammation.

#### KALI PERMANGANAS.

PUTRID SORE THROAT.—In March last I had two cases of this disease, one a married lady and the second a little girl of nine summers.

*Treatment*:—Inflammatory stage, *Aconitum rad.* 5 gtts. in 4 oz. water. Dose, one teaspoonful every hour to two hours. In the malignant form *Kali permang.* 2x trit. was the remedy. To the lady we gave 10 centigrammes every hour to four hours. For the little girl we dissolved  $\frac{1}{3}$  gramme in 1 oz. *aqua*. Dose: one teaspoonful every hour to three hours. Its effect, in both cases, was almost immediately visible, and the cure completed in an amazingly short time.

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UNSCRUPULOUSNESS.—(*N. E. Md. Gaz.*)—In a suit in the Supreme Court, in Brooklyn, not long since, Dr. J. S. Johnson testified that Dr. Carnochan, one of the plaintiff's witnesses, was "a man of the highest surgical ability, but of unscrupulous character." Being pressed for a more definite answer as to Dr. Carnochan's "unscrupulousness," Dr. Johnson said that it was a common rumour that Dr. Carnochan consulted with homœopathists.—[Editors *Monthly Homœopathic Review* ask: Will not Dr. Jacob, of Dublin, make arrangements for Dr. J. S. Johnson's election to an Honorary Fellowship of the Irish College of Surgeons? Assuredly such a scrupulous person is well worthy of the distinction—such as it is—of belonging to that College.

## *Gynaecological Observations.*

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C. S. MORLEY, M. D., PONTIAC, MICHIGAN, EDITOR.

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### SURGICAL TREATMENT OF EPITHELIOMA OF THE CERVIX UTERI.

Epithelioma of the cervix uteri is said to be more frequently observed the last few years of menstrual life and seldom before the age of thirty years. The first symptoms, such as bloody discharge after coition, metrorrhagia and often serious leucorrhœa, require accurate physical examination, especially as women are apt to refer all to the "change of life."

We should never delay our investigation until the cachexia, or a dropsical appearance, place the matter beyond question, for the only promise of therapeutics is in the early stage.

The vaginal examination should be digital, for by the skilled touch more can be learned than by any other method.

The patient should be put in Sims position and the index finger gently passed along the posterior surface of the vagina, the perineum at the same time being pressed back to distend the vagina with air. The finger having reached the posterior cul de sac, every part can be examined by simply touching it. "If epithelioma exists, a rough friable mass will be detected, which to the touch will resemble nothing else. Other growths resemble this in appearance, as I have pointed out, but they are soft, and none of them give the sensation as if portions of the mass could be easily broken off." (Emmet).

If the disease is advanced the uterus will be found flexed, from inflammation of cellular tissue, due to cancerous infiltration, or the organ may be firmly and immovably fixed by adhesions. If ulceration has occurred, the finger enters an enlarged cervix or cavity below the internal os and a gruel-like fluid will be found in the vagina with débris of broken down tissue; the odor is so peculiarly penetrating, and clings to the examining finger so persistently, that once smelt it never will be forgotten.

## DO NOT DELAY OPERATION.

There should be no delay even in a case of doubt, as the patient always should have the benefit of this doubt, and be relieved of any suspicious growth.

Usually the disease first appears in the cervix, and as it alone is lined by true mucous membrane, it is not likely to pass the internal os.

If the lymphatic glands are enlarged they may be felt at either side of the pelvis or behind the uterus, indicating that the case is an advanced one, and can only be palliated.

If the disease is confined to the cervix, or only a small portion of the vagina is involved, amputation or excision, followed by caustic (Sims) can be practiced with a reasonable hope of prolonging life.

## OPERATIVE METHODS.

We need not review the history of actual cautery, caustic, *écraseur*, electro-cautery, etc., etc., for none of these measures can include *all* of the diseased structure, except in rare cases.

The knife and scissors and curette will enable us rapidly to cut, clip and scrape away every vestige of the morbid granulations down to apparently healthy tissue. The bleeding is sometimes profuse, but rapid work with the curette will speedily bring us to safer ground.

If bleeding is but slight, every precaution against secondary hemorrhage should be taken, a pad of styptic lint or cotton and glycerine is laid upon the raw surface, and the vagina tamponed by the aid of Sims speculum. This must remain for twenty-four hours, when the tampon is removed, and an enema of glycerine and water thrown into the vagina, when after four or five hours the pad may be washed away by the continued hot water injection. I have succeeded in controlling hemorrhage with Churchill's Iodine, as in the following case: Mrs. W., *æt.* 46 years, mother of four children. Supposed she was having nothing but her "change," as her friends told her they were "that way."

June, 1880, I saw patient who lives in Shiawassee County, Michigan, has had continued "loss" since September, 1879, is prostrated and racked with pain; cachexia pronounced, fetor intolerable.

Vagina so blocked by easily bleeding nodules cannot reach the cervix, and cannot, without violence, introduce the finger.

I painted all the growth to be reached in Sims' position with Churchill's W. Iodine, and inserted a mass of Carbolated Cosmo-line into vagina.

A week later there was some improvement, as not so much discharge had occurred, and the pain was much relieved by Arsenicum, c. c. At this visit I scraped the posterior vaginal wall thoroughly with Sims curette, and applied the Iodine to the raw surface, and also to the cervix.

Carbolated injections were ordered thrice daily, with the best advice I could give regarding hemorrhage in my absence. She had no more hemorrhage. A week later, saw case again, and was able to use Sims' speculum with little pain.

Proposed exsection of lower third of uterus, for the following week, which was agreed to. When time came for operation, patients friends objected, and I withdrew from the case, but the woman continued to improve, and got about under the treatment I had advised. She continued to improve until January, 1881, when I learn she was attacked by hemorrhage, of course I was compelled to decline further efforts in her behalf, and I have not learned if she is still living.

In August, 1878, I amputated the cervix uteri for Mrs. H.—After a months preparatory treatment—the disease being confined to the cervix.

Hot water injections reduced the hemorrhage and discharges to the minimum before operation. The cervix was enlarged greatly, and gave the irritation as of a foreign body.

The vaginal mucous membrane was reflected into anterior and posterior flaps, and closed over the stump with the silver suture, Carbolated injections and Hamamelis were employed. The bowels were confined by starch and opium enema.

The wound healed partly by granulation, but most by first intention.

Her health greatly improved, but domestic infelicity caused her to go to her mother's in a distant city.

I learn that she remained well until the fall of 1880, when she had hemorrhage, pain, etc.

Mrs.—æ. 40 years, 4 children, has had 5 criminal abortions. I first saw her in 1875. She was reputed to have had forty two convulsive seizures the night before, which I now regard as hystero-epilepsy.

Upwards of two pounds of chloroform had been administered. The paroxysms were the most severe I have ever witnessed. They began in the abdominal muscles, and rapidly passed to back and extremities. Opisthotonos lasting as long as ten minutes with perfect rigidity. She would come out of the paroxysm with a moan, and gasp for breath, so commonly met in the hysterical convulsions.

R. Potass. Brom, gr. xx.

Chloral. Hyd., gr. x.

Elix. Simp., 1 oz.

Sig—Give at a dose.

This controlled the convulsions. I afterward found the cervix uteri, so much hypertrophied, as to protrude at the ostium vaginæ. As I could get no assistance, except the family, I amputated by bilateral incisions and the curved scissors.

The wound healed by granulation, and the woman got up on the eighteenth day.

She got very well and left down, "between two days," with her pension money.

Although unworthy, she remained well up to the fall of 1879, when, I am told, she died a miserable death, from the ravages of epithelioma of vagina opening into rectum and bladder.

Dr. Sims proposes to exsect as much of the diseased tissue as is possible to do with knife and scissors, and then to apply such caustics as cause sloughing, in this way he hopes to reach cancer "nests," beyond the reach of the knife alone.

Several accidents have attended the operation in Dr. Sims own hands, such as perforation into peritoneum.

From the several cases I have treated surgically, I have no reason to give up the operation of amputation, the use of the curette and the strong tincture of Iodine.

I will add that Iodoform, in suppository gr. x., has in two cases relieved pain, when no other desirable agent would.

If the homœopathic remedy does not bring relief, it is our duty to palliate.

As my paper is already disconnected and hastily composed, I will simply add that Dr. Seymour, of Westfield, N. Y., told me in 1878, of his use of Sabina in the pains of cancer, under appropriate indications, I have once verified its value, where the hemorrhage indicated it. I gave the 30th attenuation.

C. S. M.

## Book Notices and Reviews.

**MATERIA MEDICA PURA, BY SAMUEL HAHNEMANN.** Translated from the latest German editions by R. E. Dudgeon, M. D., with Annotations by Richard Hughes, L. R. C. P. E. Vol. I. *Aconitum—Ipecacuanha.* Hahnemann Publishing Society, 1880. For sale by Boericke & Tafel.

The *Materia Medica Pura* embodies the best work of Hahnemann's best days. He entered upon it interpenetrated by a great truth, one which possessed him and made him its servant for life. The depth of his convictions became a source of superhuman strength, and he seemed to gain fresh vigor from labors which only exhaust others. The far-reaching consequences of the truth revealed to him the responsibility resting upon him to make that truth known, and the consciousness that there then existed only a therapeutic chaos, were the incentives to Herculean labors which have not been equalled and may not be excelled. If this world of ours has had two men more awfully earnest than Oliver Cromwell and Samuel Hahnemann then history has surely taken no note of them—much to our loss.

As the result of experiments on the human organism in health the *Materia Medica Pura* is undeniably freer from objections than the later work known as the *Chronic Diseases*, for the earlier provings were made with more material doses, and the effects of the remedies upon the sick were not so generally incorporated with the pathogenesis.

The translation under notice presents features never before offered to the English reader. It is complete, giving the *ipsissima verba* of the German original; the symptoms are printed separately, much facilitating the search for a special one. Hahnemann's introduction to each remedy is given in its entirety, as also are those footnotes of his which often throw such a light upon peculiarities and characteristics of the remedy, and all these in Dr. Dudgeon's clear strong and felicitous English.

Moreover, it is enriched by the pains-taking bibliographical researches of Dr. Hughes. Hahnemann's "Observations of Others" are translated directly from their originals, thus insuring a precision not otherwise attainable; and, further, this work of Dr. Hughes has pointed out many corrupt symptoms, better fitting the book to bear the proud title of *Materia Medica Pura*. In this respect this English translation transcends all; yes, even the original. It is a monument of scholarship of which English homoeopathy may justly be proud.

We have heard a German object that Dr. Dudgeon had been too free with the text in some instances, but our objecting friend's English reminds one too much of the Tower of Babel to allow us to recognize *him* as a competent critic. A language must lose some of its spirit by translation, for the garments of the thought are changed, and we see the *change* however deftly it be made. Longfellow's translations of *The Silent Land*, by *Solus*, is extremely felicitous, yet it has not all the solemn pathos of the original—that has gone like the perfume of a dead flower.

The practical question is: *Do we need this book?* Allen's *Encyclopædia* by no means supercedes it, for Dudgeon's translation contains, as the *Encyclopædia* does not, the highly characteristic introduction to each remedy, and every one of them bears the mint-mark of Hahnemann's genius. For this feature alone the book deserves a place in the library of every homœopathic physician. It deserves such a place if it were only to honor so sturdy a workman as Samuel Hahnemann; but if one will only recollect when and under what circumstances Hahnemann's work was done, simple gratitude for a grand example will quickly find the book its honored place.

Of all beneath God's heaven no sight is so sublime as that of a man having found what work he is to do in the universe and doing *it* with all that in him is; going through all the beguiling blandishments of Vanity Fair with one high purpose in his heart and having *there* neither time nor place for aught else; having caught the God-message to *him* amid all the din, tumult and heaven-hiding smoke clouds, and hearing naught else forever.

Oh my friend, is there nothing in this for thee, no lesson to seek to learn, no example to try and imitate, no divine whisper carrying comfort, courage and content? Hast need for none of these? Then read not the book—it were indeed a dead language to thee.

In these weak days of waning faith, and of shallow, hollow, much-noise-making unfaith, I find no book so fit to be put into the hands of the earnest-thinking young physician, and this because of the much mentioned *introduction to the remedies*. In them he shall find evidences of a man who had wrestled with doubt as Jacob of old with the angel, and who won thereby a conviction that abode in him, became a fixed idea and was to him as a pillar of cloud

by day and of fire by night—most luminous where the dark was thickest.

“An idea,” says a much-pondering friend of music, “in the heart of an earnest man, is like the Banyan tree: a new branch to-day is a new root to-morrow, and each day is an ever-multiplying progression, until, at last, a whole nation finds shelter beneath its boughs and it defies the hurricane.”

Even so grew the idea in him, and conviction piled itself upon conviction until to him doubt was not—he saw only a great truth; he discerned in the herbs of field and forest “the mighty gifts of God,” and the Divine Beneficence had afforded the clue to their appropriate use. He never wavered, and to the truth of the great therapeutic law his life became one persistent and consistent testimony.

O Brave One, we little things quibble about thee; *we* have found spots on the sun, *we* being spotless! Yet who but thou couldst write and *didst* write:

*“This doctrine rests exclusively upon experience. Imitate its indications and you will find that they are true. I ask of you what no author of any materia medica or other system of therapeutics has ever asked before. I ask of you most earnestly to judge homœopathy by its results.”*

Can any earnest-thinking young physician read this challenge unmoved? Take the book to your home and to your heart, and may you learn to know him who is of all therapeutists *der einzige*.

S. A. JONES.

Ann Arbor, April 19th.

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*THE ILLUSTRATED SCIENTIFIC NEWS*, a very handsome publication published by Munn & Co., New York, containing thirty-two pages, full of engravings of novelties in science and the useful arts, ornamental wood work, pottery, vases and objects of modern and ancient art. Published by Munn & Co., 37 Park Row, New York, at \$1.50 a year, and sold by all news dealers.

*NORTH AMERICAN REVIEW*, New York City; \$5 per year. With Observer from this office for \$6.

The May number contains a striking article by the Hon. David Dudley Field on "Centralization in the Federal Government." That our polity is rapidly advancing in the direction of centralization is demonstrated by the author. Whatever the reader's *oias*, Mr. Field's paper will command his respectful attention, and it will be read with interest and profit. The second article is upon the new revision of the Bible, by the Rev. Dr. Schaff, of the American Committee of Revision, is very interesting. Mr. Justice Strong writes of "The Needs of the Supreme Court," and advocates the establishment of a court of appeals, intermediate between the U. S. Supreme Court and the circuit courts. The Hon. George Q. Cannon, the first advisor of the President of the Mormon Church, and delegate to Congress, makes a vigorous defense of "Utah and its People." The other papers of this number are good reading.

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The diversified contents of the *North American Review* for June will win attention. First we have an article by the Hon. Hugh McCulloch on "Our Future Fiscal Policy," treating of the problems of refunding, the remonetization of silver, and the restoration of the United States to their just rank among the maritime nations of the world. George B. Loring writes of "The Patrician Element in American Society," but the reader need apprehend no glorification of artificial rank, for in the author's estimation the patrician element here is simply the strongest popular element—that portion of the people, whatever their lineage, who are engaged in developing the mental, moral and material wealth of the Republic. Dorman B. Eaton makes a spirited defense of civil service reform; Prof. W. G. Sumner states very clearly the argument for free ships; Frederick Douglass writes of "The Color Line;" Desire Charnay, of "The Ruins of Central America;" Dr. Austin Flint discusses the benefits of vaccination; J. M. Mason asserts the lawful power of the government to regulate railway charges; and finally, Prof. E. S. Morse sets forth the evidences of the existence of man upon this continent in prehistoric times.

*BILIARY CALCULI; PERINEORRHAPHY, HOSPITAL GANGRENE, ETC. By Prof. C. H. Van Tagen, M. D., Boericke and Tafel, N. Y., Phil., &c.*

It affords us much pleasure to review a book so ably written and bearing evidences of extended research and practical acquaintance with the subject on which it treats. The article on perineorrhaphy is a valuable addition to our homœopathic literature.

To those acquainted with Prof. Van Tagen it is not necessary to say of him in the grave what could have been said of him in life, viz.: that he was full of zeal for many years in the investigation of these subjects, and was competent and successful in their treatment.

Regarding therapeutics there can be no question that the remedies mentioned for biliary colic do good when indicated; if they bring speedy relief, well and good—if not, it is the duty of every physician to use such agents as are indicated for mechanical irritation, such as anæsthetics and hypnotics.

In the after treatment of perineorrhaphy we employ suppositories of Morphine and Belladonna and we cannot think that the best success can be obtained without some means of this sort are used to confine the bowels and control the irritability of the sphincter and perineal muscles. There are several reports of temperature taken before 1860, a time when clinical thermometers were certainly not in general use.

The number of cases of gangrene, as shown in the tables at the end of the work, indicate a remarkably extensive experience in this class of affections; and when we consider that the same agents were employed, in various ways, in all these cases, and with such favorable results, we can see no reason why war should be a terror, for the hospitals were once more dangerous, in many instances than the enemies' bullets.

Taken all in all, we know of no literature covering so much ground in so little compass for so little money.

C. S. MORLEY.

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*SURGICAL PRINCIPLES AND MINOR SURGERY, By J. G. Gilchrist, M. D., Chicago, Ill. Duncan Bros., 1881, 8 vo. cloth \$1.25.*

The author presents this as the initial volume of a series of four or five volumes having reference to an ideal collegiate course

embracing an elementary treatise adapted to the first year of college life, surgical therapeutics for the second year, traumatism in its varying phases for the third year and operative surgery for the fourth. The present work refers to the first year; surgical therapeutics, already published, for the second; surgical emergencies the third, now in press; and the last surgical operations, yet to be prepared.

Prof. G. is an industrious and pleasing writer, an instructive lecturer, and we hope he will be encouraged to pursue his labors.

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*FOOD FOR THE INVALID. The Convalescent, the Dyspeptic and the Gouty, by J. Milton Fothergill, M. D.; Edin., and Horatio C. Wood, M. D., New York. McMillan & Co., 1880.*

A neat 12 mo. vol. containing 298 choice recipes, with an excellent introduction. Nearly all the preparations are noted with the letters I. C. D. G. or E., standing; I for invalid, C for convalescent, D for dyspeptic, G for gouty and E for economical. As a fair sample of the common sense talk of the introductory portion of the work we quote:

“The ordinary meat dishes of family life are conspicuous by their absence. All dishes consisting of meat once cooked and warmed are to be studiously avoided by all, unless their digestion be perfect.

There is only one way of “warming up” cold meat that is (comparatively) unobjectionable, and that is, to remove every particle of the meat, to mince this fine, with some pepper and salt; then to place a wall of well mashed potato in a pie dish, or soup plate; put in the mince meat, then place over the meat a crust of mashed potato and put in the oven till the meat is warmed through, and not a moment longer. The bones may then be cracked and stewed with rice.”

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*A GUIDE TO THE CLINICAL EXAMINATION OF PATIENTS AND THE DIAGNOSIS OF DISEASE, By Richard Hagen, M. D., New York and Philadelphia. Boericke & Tafel.*

This work has been translated by G. E. Gramm, M. D., from the second revised and enlarged edition. The symptoms given are those which are important for the recognition of the diseases treated of without regard to their etiology, histology, prognosis and therapeutics. The book has been specially designed for the use of students, but many practitioners will find it helpful. It has been used as a text-book in the German universities, and will doubtless be awarded the place in our schools it so well deserved. A noteworthy addition, enhancing its value, is a very full index, headed “alphabetical,” which appears to be a superfluity. What other index to a book would you have?

INTERNATIONAL HOMŒOPATHIC CONVENTION.—We again direct the attention of our readers to the fact that this convention is to meet in London, on July 12th. We should be glad to accompany our friends who go thither, but this pleasure is denied us. Overwork seems to call for rest, but we must be content to recuperate at our country home, on Pine Lake, 26 miles from Detroit, at an elevation of over a thousand feet above the ocean level. However we should be delighted, if circumstances permitted, to go down again to old ocean. We crossed the Atlantic a third of a century ago and we have more than a lingering longing for the invigoration of another ocean voyage. We published a notice from the committee of arrangements in our April No., page 186.

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WESTERN ACADEMY OF HOMŒOPATHY holds its seventh annual convention at Chicago, Ill., on June 8, 9 and 10.

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WOOLSON & Co., Passaic, N. J.—We desire to ask particular mention to the advertisement of these gentlemen. They have a very large assortment of hardy herbaceous plants and perennials, which are sent out, correctly labeled, and in fine condition. We received a package from them by mail a few days ago and were agreeably surprised to find the plants as fresh as if they had only been aken out of the ground a few minutes.

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Liebeg & Co.'s Coca Beef Tonic is deserving of praise. It is vastly superior to the Extracts of Beef which are lauded so much.

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INCREASE OF CANCER.—The statistics of cancer are somewhat startling. In Philadelphia there has been an increase during sixty-five years, of four hundred per cent., and in London, during twenty years, of seventy per cent. It is the opprobrium of the profession that notwithstanding the pathology of this terrible disease has been carefully studied, we, as yet, know but little of its cause and are equally in the dark as it regards treatment.

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NEW YORK OPHTHALMIC HOSPITAL for the Eye and Ear, corner of Third Avenue and 23rd street. Report for the months of March and April, 1881: Number of prescriptions, March, 4,192; April, 4,310. Number of new patients, March, 650; April, 651. Number of patients resident in the hospital, March, 22; April, 14. Average daily attendance, March, 155; April, 166. Largest daily attendance, March, 231; April, 233. Chas. Deady, M. D., Resident Surgeon.

## Personal Notices, Etc.,

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LILIENTHAL.—We have in compositors hands a number of Prof. Lilienthal's excellent translations.

WINSLOW.—Dr. W. H. Winslow has a work upon Diseases of the Ear, 400 pages, well illustrated, very nearly ready for publication.

### MARITAL.

SHANNON—MURDOCK.—At Sewickley, Pa., at the residence of the bride's parents, May 5th, 1881, by Rev. Dr. Wallace, assisted by Rev. Dr. Kerr, Samuel F. Shannon, M. D., of Allegheny City, to Miss Sue J. Murdock.

WILSON ROBERTS.—At Atlantic City, May 5th, 1881, by Friends' ceremony, J. Theo. Wilson, M. D., and Miss Mary E. Roberts, both of Moorestown, New Jersey.

### NECROLOGICAL.

KENNEY.—Died in Salmon City, Lemhi County, Idaho, May 24th, 1881, of typhus fever, after an illness of 26 days, Lorette, wife of Dr. George A. Kenney. She leaves a bereaved husband and three young daughters to mourn her loss. Yet he murmurs not, but trust to him who doeth all things well. She was a strong advocate of Homœopathy, always administering to the wants of the sick in the absence of her husband. A bright star in the community. She was followed to her final resting place by 300 persons.

OBER.—Dr. L. E. Ober, of Lacrosse, Wisconsin, died recently, as we are informed, of Bright's disease. Dr. Ober was one of the most prominent physicians of Wisconsin. He had been a member of the American Institute of Homœopathy for twenty-four years, and was nearly always in attendance at its sessions.

### REMOVALS.

BECKWITH.—Dr. S. R. Beckwith, from Cincinnati, Ohio, to Washington, D. C.

HOCKING.—Dr. W. F. Hocking, from Easton, Md., to Hillsdale, Michigan.

GILCHRIST.—Dr. J. G. Gilchrist, to 66 Howard street, corner Second, Detroit.

KNOWLES.—Dr. W. Knowles, from Bangor, Me., to Roxbury, Mass.

MORGAN.—Dr. P. B. Morgan, from Detroit, Mich., to College Hill, Ohio.

PORTER.—Dr. L. S. Porter, from Bellevue, Ohio, to Vernon, Mich.

PRESTON.—Dr. Cootes Preston, from Chester, Pa., to Wilmington, Del.

STEARNS.—Dr. G. W. Stearns, from Marblehead to Groton, Mass.

SUTHERLAND.—Dr. J. P. Sutherland, from Concord, Mass., to Boston.

OF COURSE NOT.—“Dr.——— I Wish you Would Not send me The  
american conserver any More. I Dond Want it. \* \* \* \*  
Of what use would the Observer be to such an M. D. ?

## Practice of Medicine.

C. P. HART, M. D., WYOMING, OHIO, EDITOR.

### 6.—PSEUDO-MEMBRANOUS INFLAMMATION OF THE BRONCHIA.

#### BRONCHITIS CROUPOSA; PLASTIC BRONCHITIS.

Bronchitis crouposa is characterized by the same diseased state of the affected membrane that exists in laryngo-tracheal croup (q. v.) The croupous matter is deposited upon the surface of the bronchial mucous membrane, forming in the larger bronchia membranous tubes, and in the smaller ones solid cylinders. (*Rokitansky, Oppolizer.*) The membrane usually begins to form in the smaller or medium sized branches, and extends upwards into the larger tubes in proportion to the acuteness of the attack. It is generally limited to a circumscribed portion of the bronchial tubes; only exceptionally does it extend throughout all the bronchial ramifications of the lung.

In the earlier stages, or when first secreted, the croupous exudation consists chiefly of an albuminous substance, or rather of an albumino-fibrous matter in which albumen predominates; it is then softer and less compact than when fully organized, or where fibrin constitutes the principal portion of the exudation. In the latter state it is firm, tough, and elastic, similar in every respect to the analogous membrane of true croup. The false membrane varies in thickness according to age and the size of the tubes, being sometimes but a mere pellicle, at others having a thickness of nearly a line. According to Rokitansky, the tubular exudations from the larger bronchi present a calibre inversely proportional to their thickness, and those thrown off from the finer ramifications occur as solid cylinders. The color of the membrane varies from a pure white to a yellowish white, grey, or even greenish tint, according to the stage of the disease, the age of the patient, and the particular part affected. When freshly exuded the croupous membrane is generally closely attached to the subjacent mucous membrane, but at a later stage it is less adherent. The exudation is said to occur more frequently in

the bronchia of the inferior lobes, than in those of the middle and superior lobes, the medium sized branches being the parts first affected.

Bronchitis crouposa may be either primary or secondary, acute or chronic. Most frequently it is a secondary affection, resulting from, and complicated by, pseudo-membranous inflammation of the larynx and trachea. Nearly every case of primary bronchial croup in the adult, is chronic, while in children, on the other hand, it is acute. The primary form is also a very rare disease; nevertheless, several acute cases have been observed even in the adult. In most cases, however, as above stated, bronchial croup in the adult is a chronic affection; and although it is apt to spread more or less upward, it shows very little tendency to attack the trachea and larynx.

**SYMPTOMS.**—The symptoms of bronchial croup, whether acute or chronic, are similar to those of common catarrhal bronchitis, attended with unusually severe paroxysms of dyspnœa. When acute, in addition to the extreme dyspnœa caused by the mechanical obstruction to respiration, there is high fever accompanied with chills. The fever is of a remittent character, the pulse generally ranging from 80—100 in the morning up to 120—160 in the evening. In these cases, where large portions of the bronchia are involved, the blood is insufficiently aerated, and as a consequence, the surface, especially that of the lips and cheeks, is more or less cyanotic. For the same reason, the extremities are often blue and cold, especially in the morning, and the capillary circulation is always feeble. Severe paroxysms of cough occur, attended with fits of suffocation. The cough is generally hoarse and muffled, and is accompanied by little or no expectoration. When expectoration does occur, the sputa is thick and glutinous, with minute fragments of false membrane, or whitish or blood-tinted masses, which when separated in water show branching of coagula, the coats of the affected bronchial ramifications. Immediately after the membranous expectoration takes place, the dyspnœa and cough perceptibly lessen; the remission, however, is soon followed by a marked aggravation of the symptoms; spasmodic expulsions, followed by short, labored inspirations, occur; the face and neck become bloated; the eyes protrude from their sockets; the forehead is covered with beads of sweat; the vessels of the neck visibly pulsate, and the paroxysms increase in intensity, until expectoration of membranous matter again occurs, which,

as before, is followed by more or less relief, and so on, until the case terminates either in recovery, or, as is generally the case, in collapse and death. In the case of children, whose powers of resistance are less than those of adults, and in whom the disease, besides being in the acute form, is much the most common, a fatal result is soon reached. The blood, rendered highly venous by being deprived of its usual amount of oxygen, produces a very depressing effect upon the brain and dependent functions. The face becomes pale, or livid and purple, the skin covered with cold perspiration, the pulse frequent and feeble, and a state of great depression, restlessness and anxiety ensues. Finally, the powers of life begin to fail, the extremities become cold and clammy, delirium or coma supervenes, and death, with or without convulsions, ends the scene.

The symptoms in chronic cases are, for the most part, similar to those of the acute, the chief difference being, that, while there is little or no fever, the paroxysms are generally more violent, in consequence of the exudation being secreted in the smaller instead of the larger tubes. During the paroxysms there is a continuous painful cough, which is interrupted from time to time by the expectoration of conglomerated masses of branching coagula, which are found to be perfect casts of the bronchial ramifications. Pulmonary hemorrhage is a frequent complication. Biermer observed hæmoptœ to either precede or accompany the expectoration of the casts in one-third of his cases. The expectoration of the false membrane generally continues one or more days, according to its severity, when, with the exception of the bronchial catarrh that remains, the patient often feels as well as usual. After some days, weeks, or months, as the case may be, the paroxysms recur, sometimes exhibiting a sort of periodicity in their appearance, especially where they are vicarious, or set in during the menstrual period. (*Oppolizer.*) The disease in its chronic form is nearly always complicated with tuberculosis, and is therefore generally fatal.

PHYSICAL SIGNS.—In most cases there is very little dullness on percussion, especially in the first stage; the respiratory murmur is generally weak, and is frequently covered by large and small mucous râles. At first there may be no abnormal dullness; perhaps only a little dry rattling. As expectoration sets in the catarrhal rattling increases, inspiration and expiration become more and more rough, the mucous râles become larger and more moist, until finally the

rattling covers the whole lung. In some acute cases the sibilant râles are quite prominent, especially in children; and where the finer tubes are involved the bronchial sound is something decidedly hissing; but after the mucous secretion becomes established the sibilant gives place to mucous râles, which are at first dry and scanty, then fine and moist, afterwards coarse and rattling, and finally large and tracheal. In some cases, the fine and moist râles, instead of becoming coarser, change to the crepitant and subcrepitant, indicating the setting in of pulmonary œdema, pneumonia, or capillary bronchitis. In the early stages the resonance on percussion is nearly normal, but as the disease advances the resonance gradually diminishes until, in the advanced stages, the sound on percussion becomes in most cases very dull.

DIAGNOSIS.—The diseases with which croupous bronchitis is likely to be confounded, are capillary bronchitis, and asthma complicated with bronchial catarrh. From the former it may be distinguished by the greater dyspnœa, the muffled and suppressed cough, the characteristic expectoration, and the physical signs. Asthma is attended by dyspnœa only during the paroxysm, unless the mucous secretion is very profuse, which is never the case in bronchial croup.

ETIOLOGY.—The predisposing causes of this disease are entirely unknown. Biermer thinks that in women menstrual difficulties and gestation predispose to the malady. Others think that the scrofulous and rachitic diatheses act as predisposing causes. Age appears to have something to do with its occurrence, as we find it more frequent during youth and adolescence than during middle life or old age. The disease rarely affects infants, and it never appears in a chronic form in children. Males are said to be more liable to it than females. The chief exciting causes are probably the same that give rise to catarrhal bronchitis. Most cases appear when catarrhal diseases are prevalent, and all seem to have a catarrhal origin. Accordingly, we find it most likely to appear in low, swampy situations, or when the weather is cold and damp. Dr. Kretschy is of the opinion that, as an independent exudative morbid process, it is probably caused by an outside, specific agent, but of this there is little proof. In fact we no more know why the catarrhal process ends in pseudo-membranous effusion, than we know why it localizes itself upon particular portions of the respiratory apparatus.

**TREATMENT.**—The leading remedies that have been recommended for this disease are *Bromine*, *Kali bichromicum* and *iodatum* and *Sanguinaria canadensis*. Oppolizer, a very high authority, recommends the iodide of potash in the chronic disease, and in the acute one the same remedy with inhalations of hot water. I have found inhalations of the bichromate and iodide of potash, and of weak solutions of bromine, to be more effectual in these cases than any internal medication. Others, however, have obtained the best results from the internal administration of *Kali bichr.* alone.

**CLINICAL OBSERVATIONS.**—Dr. Thomas Nichol reports the following successful case: “On the evening of March 27th, of the current year, I was called to see P——, a little girl of almost four years, who had been subject to bronchial affections since birth. I found her lying on her mother’s lap, the countenance pale and livid, the lips very cold, the dyspnœa extreme, while the cough was muffled as if the head had been enveloped in a blanket. No expectoration whatever, and the sibilant râles were remarkably shrill. The hands and feet were quite cold, and the half-delirium told of carbonic acid-charged blood circulating in the brain. *Sanguinaria* prepared in the form of an acetous syrup was administered every ten minutes, and within two hours improvement had set in. The breathing became easier, the cough clearer and less husky, a tough tenacious mucus was expectorated, and with the return of a freer pulmonary circulation, warmth returned to the extremities of the body. At the same time the hissing diminished and mucous râles—at first faint and afterwards more pronounced—made their appearance. In eighteen hours the little sufferer was out of danger, and in four days she was dismissed.” In this case there was no ocular evidence that the false membrane had ever formed, and hence some will doubt its having been a case of true croupous bronchitis; but a little reflection will show that it was a clear case of this disease, happily arrested in the first stage.

The following case by Dr. Franz Kretschy is instructive in a pathological point of view, and we think of sufficient interest to be given at length: “F. L——, 23 years old, was suddenly attacked in the afternoon of April 7th, 1872, with a *severe chill*, chattering of teeth, general lassitude, so that he had to take a carriage to reach home. The chill lasted for one hour and a half, followed by

heat and a severe *laborious* cough, with painful dyspnœa during the whole night, thirst, headache, sleeplessness. At 6 A. M. suddenly a sensation of suffocation, profuse sweat, *expectoration of a reddish colored lump*, having the appearance of a piece of flesh. Immediately afterwards the breathing became more free, the cough light and dry, moderate heat, but great lassitude, headache, so that he had to keep the bed. During the day irritation to cough.

April 9th, 9 A. M. Enters the hospital. Patient is of a strong build, pale color, tongue pale, moist, as also the fauces; no catarrhal affection nor hoarseness. Thorax well arched, in the right axillary region a painless doughy tumor of the size of an apple and covered with sound skin, which gradually formed itself for the last six weeks; trifling catarrhal expectoration. Both sides of the thorax respire alike and quietly; sometimes tussiculation. On the right side posteriorly scanty dry rattling; nowhere abnormal dullness, nowhere consonance. He only complains about lassitude. At 10½ A. M., suddenly a fit of suffocation, severe paroxysms of cough, cyanosis, sweat, (linen had to be changed), till he again expectorated another reddish lump, forming in water a perfect cast of a bronchus; 1½ ctm. thick, 11 ctm. long. Immediately after the attack, right side posteriorly scanty rattling, over the whole other lung indistinct breathing. Slept well during the night, towards morning increased cough, catarrh, slight expectoration.

April 10th, 1 P. M. Severe cough, dyspnœa to suffocation, ceasing after expectoration of a similar cast. During the day expectoration of numerous small bronchial coagula without dyspnœa.

M. 37.6, C. P. 88, R. 32.

E. 41.0, 128, 44.

Slept well during the night and feels refreshed in the morning, breathing free.

April 11th. Chill in the afternoon, 2½ to 3, heat from 3-4, for some minutes severe cough, severe dyspnœa followed by expectoration of a large bronchial cast with great relief. Breathing free, no cough, expectoration of small bronchial coagula during the whole day.

M. 37.4, P. 88 R. 32.

E. 40.4, 120, 36.

April 12. Good night and feels greatly refreshed in the morning. Towards evening great sensation of heat without a chill

Dyspnœa, cough, sputa cruenta with small bronchial coagula. Percussion on the right side posteriorly from the apex to the centre of the scapula somewhat dull, laryngeal inspiration and expiration.

April 13. M. 39.0, 100, 34. E. 40.5, 148, 60-72.

Night quiet. Since forenoon great dyspnœa with very little cough. Copious expectoration of small bronchial coagula. He complains of stitches on the left side, especially when coughing and deep breathing. No pain on pressure, respiration superficial, breathes only with the upper part of the thorax, respiration changing between 60-70. In the afternoon collapse, cheeks livid, restlessness, anguish in features, sweat hangs in pearls on forehead, bulbi protruding, restlessly moving about; carotids visibly pulsating, as also the radial pulse, beat of the heart strongly visible, inspiratory drawing in of the 4th left intercostal space. He fights for air. Right posteriorly large vesicular moist rattling, covering the respiratory murmur, left posteriorly consonance with moderately dull sound; copious expectoration of small bronchial coagula.

April 14. M. (7 A. M.) 38.6. 112, 46. E. 40.2, 128, 52.

Dyspnœa during the whole night, no expectoration, very little cough. *Ether* has a quieting effect on him. A. 7 A. M., severe coughing spells, cheeks and lips strongly cyanotic, face and neck bloated, jugular veins expiratorily considerably swollen, strong pulsation of the carotids; great anguish, excessive restlessness, spasmodic expiration followed by short inspiration, painful pause, then again spasmodic expiration and thus several times, till with a forced cough the large bronchial coagulum is thrown off. Breathing then again regular, patient feels apparently well again after this exertion, for a short time, but the dyspnœa returns; only the sensation of great oppression and of suffocation is passed. Examination during the suffocatory fit is impossible, after it on the right side posteriorly moderate dullness from the apex to the middle of the scapula and corresponding laryngeal expiration; rattling over the whole lung; left apex rough inspiration and expiration, below hardly audible breathing, dullness, sputa creunta; small bronchial coagula. Between 1-2 P. M., expectoration of two large bronchial coagula; dyspnœa the whole day. Left, the 3d and 4th, right the 2d intercostal space drawn in during inspiration. In percussing the anterior wall of the thorax muscular jactitation in pectoralis major. Dullness

posteriorly low down on left side, laryngeal inspiration and expiration, rattling over whole lung.

April 15th. M. 39.4, 118, 48. E. 40.3, 120, 72.

Less dyspnœa during night, some sleep, little cough; towards morning dyspnœa increases and remains so the whole night. Pulsus dicrotus, weaker during the inspiration, sometimes intermitting; percussion and auscultation the same. Rattling murmur increased tracheal rattling.

April 16th. M. 39.8, 72. E. 40.2, 120, 64.

Dyspnœa, expectoratory motions and expectoration slight; collapsus increases; rattling heard from a distance. Respiratory murmurs covered by large and small vesicular murmurs; hardly any expectoration.

April 17th. M. 40, 140, 60 E. 164, 78.

Great dyspnœa the whole night. No cough, no expectoration, tracheal rattling. Great restlessness, very quick superficial breathing with increasing collapse. In the evening crawling sensation in the right lower extremity, followed by anæsthesia and cyanosis up to the knee. At 6½ P. M., increase of cyanosis, of deep collapse, sudden loss of consciousness, tracheal breathing, respiration becomes slower and ceases at 7 P. M.; the heart a few minutes later."

The autopsy showed that the case was complicated with tuberculosis. The right lung in its entire surface was full of adhesions by thready pseudo-membranes to the wall of the thorax, with some miliary greyish yellow nodules. The mucous membrane of the trachea and bronchia was strongly injected, reddened, and full of mucus. In the right bronchus, reaching to the middle and lower lobe, was a yellow branching lump, two inches long and one and a half lines in diameter. The left lung in the lower lobe and in the lower part of the upper lobe, and the right lung in its posterior parts, were infiltrated with a bloody gluey mass, nearly totally void of air, and here and there œdemations. The bronchia in the lowest parts of the left lung were infiltrated with a thick yellow fluid and with fibrinous masses; the pulmonary parenchyma was also infiltrated by yellow streaks, either following and surrounding the blood vessels, or dragging the connective tissue septa between the lobuli. Kretschy, as before stated, thinks this case clearly proves that the exudative process is dependent on an external specific agent; but whether the tubercular disease was here the exciting or predisposing cause, or whether, in fact, it was anything more than a complication, we think is doubtful.

# Physiological Chemistry.

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EDITED BY CLIFFORD MITCHELL, M. D.

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## SOME RECENT CASES OF POISONING.

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### I.

#### POISONING FROM EXTERNAL APPLICATION OF CARBOLIC ACID AFTER AN OPERATION ON THE RECTUM.

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At the hospital of "La Pitie" in Paris, Verneuil operated on a woman 41 years of age, for fibrous contraction of the rectum, by the method of lineal rectotomy. After the operation a carbolic acid solution was injected, by means of a rubber sound; part of the liquid remained in the intestine and part flowed out.

An hour later a second injection was made with like results. Soon after this the patient manifested singular and persistent somnolence. Two hours later the sister in charge called the hospital interne who found her pulseless, with dull and sunken eyes, and almost wholly devoid of respiration.

Treatment for chloroform poisoning was given her, in the shape of friction, artificial respiration, and faradization of the diaphragm. She rallied and was soon seized with vomiting which produced marked relief.

Four hours later she relapsed again into syncope from which the interne failed to rouse her. At this juncture, Weiss, another interne being called in, gave her a sub-cutaneous injection of *Ether*, kept her as warm as possible by various methods, and administered a few drops of a solution of acetate of ammonia. She was soon seized with bilious vomiting of greenish matters, frequently repeated, and followed by marked relief, and in about two hours she regained consciousness and replied to questions put her, and gradually improved from this time, on. Verneuil in analyzing the symptoms discarded the idea that it was a case of chloroform poi-

soning and attributed the phenomena *to the absorption of carbolic acid by the rectal mucous membrane*. Weiss calls attention to the value of sub-cutaneous injections of *Ether* for collapse, and to the danger of too strong injections of carbolic acid into wounds in cavities.

## II.

## PHOSPHORUS POISONING.

April 26th, 1880, a male patient at the Pitie took red wine in which he had steeped one thousand matches, ingesting thereby about 0.52 centigrams of phosphorus. Shortly after his pulse rose to 104, his temperature rose, he felt heat in the epigastric region, and his breath had an alliaceous odor. An emetic was given him followed by spirits of turpentine and milk. He had neither nausea nor vomiting up to the time when the emetic began to work, ten hours after the ingestion of the poison. The stools, after this, were of an alliaceous odor. There were transient, painless contractions of the right hand.

The turpentine was vomited almost immediately. The night of the 27th was passed without much suffering. On the third day analysis revealed the presence of phosphorus in the vomited matter.

The evening and night of the 28th were favorable, and ice and turpentine were given, also a julep containing 0.05 centigrams of thebain. On the 29th symptoms of icterus appeared, the urine contained albumen and biliverdine, and there were contractions of the arm.

The temperature in the evening was  $39^{\circ} . 6 \text{ c. } ^{*}$  As soon as the temperature rose the patient felt better. On the 30th, icterus increased; constipation; albumen in urine increased.

May 1st, constipation; scanty urine, full of albumen and biliverdine; breath has the odor of mice. *Turpentine* continued.

Insomnia and cephalalgia also present. May 2nd, icterus increased, also appetite; pronounced weakness; dry tongue; obstinate constipation; thirty grammes *castor oil* given, *turpentine* continued, *opium* discontinued.

The debility and the icterus increased rapidly, dull pain was felt in right hypochondriac region, the urine became very thick and very scanty, and was voided with difficulty. In spite of the prostration there was insomnia; the mind was clear and the pulse 120.

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<sup>\*</sup>About  $104^{\circ} \text{ F.}$

Violent cardiac palpitations were now experienced, the mouth became dry, and bloody crusts formed on the tongue; petechiæ appeared on the chest, respiration was frequent, but nothing was discovered by auscultation. In the evening, pulse 124; copious intestinal hemorrhage, and rapidly increasing prostration. Very abundant hemorrhages from both the mouth and the anus; dyspnœa; great prostration. Death at 9 A. M. next day.

#### AUTOPSY.

Forty-eight hours after death, body yellow in color, greenish spots about the umbilicus, and upon the flanks on both sides. *Ecchymoses* were found under the visceral and parietal pleura, many small ones on the lungs, in addition to two large ones, situated respectively in the right and in the left interlobular fissure; in the stomach, under the mucous membrane, there were a few ecchymotic patches, as well as under the pericardium, beneath the mesentery and the intestine; there were ecchymotic discolorations in the mucous membrane of the small intestines, and at their terminal point was found a certain *marbled* appearance and several isolated patches, and on the surface of the large intestine, numerous ecchymoses. *Heart*:—In the pericardium a teaspoonful of lemon yellow fluid; no adhesions present; pale yellow color of cardiac muscle, but no fatty granulations discovered by microscope. *Liver*:—Uniformly yellow in color, more intense in certain places, surface slightly rugous, with large greenish marblings; on cutting into it, granite-like appearance, like the so-called “nutmeg liver,” centre of lobule, clear yellow, surrounded by lines of bright red, marking off the interlobular spaces. *Kidneys*:—Slightly congested in medullary portion.

*Alimentary Tract*:—At the entrance to the stomach was found a blackish liquid mixed with blood, having a putrescent odor, but containing no lumps of phosphorus; the mucous membrane of the stomach was slightly thickened and vascular; in the greater curvature were a few submucous black patches, but there was no alteration. The intestines contained an abundance of the blackish liquid found in the stomach.

#### CHEMICAL ANALYSIS.

Analysis of the fluids found in the stomach and intestine, yielded 0.0058, ten-milligrams of phosphorus.

#### MICROSCOPICAL EXAMINATION.

Microscopical examination of the *liver* showed that the hepatic

cellules had undergone complete fatty degeneration; there was also a notable amount of interstitial hepatic cirrhosis.

The epithelial cells of the convoluted tubules of the *kidney* were found to be filled with fatty granules, especially on a level with the cortical portion; the lesions in the kidney were much less serious than in the liver.

Gallard calls attention to the fact that this case is a remarkable one, in that it shows that secondary symptoms may supervene on the 5th or 6th day, an especial characteristic of phosphorus poisoning.

### III.

#### POISONING FROM EXTERNAL APPLICATION OF HYDROCHLORATE OF ANILINE.

Lelvir calls attention to symptoms produced by the external application of aniline hydrochlorate, in cases of psoriasis where compresses, soaked in a solution containing five grammes\* of the hydrochlorate, were used.

These symptoms were cholericiform: nausea, chills, cyanosis, cramps, dyspnœa, somnolence; the urine contained fuchsine.

Laborde calls attention to the fact that workers in aniline fabrics are subject to epileptiform convulsions. Lailier observed two cases, in June, 1872, of chronic psoriasis, where the application of 50 grammes of a solution of 1 in 10 of the hydrochlorate in the one case, and 100 grammes of a solution of 1 in 15 in another, occasioned cephalalgia, agitation, dyspnœa, cyanosis, coldness, urine, red and dark; these symptoms gave rise to great disquiet and anxiety, but rapidly disappeared.

### IV.

#### ACUTE POISONING BY ALCOHOL.

On January 16th, 1879, Mr. L—— was brought to the hospital St. Jacques, having attempted suicide, by drinking an excessive amount of brandy; he was excessively pale, and cold as marble; the pulse was regular, frequent, and soft; the pupil insensible to light. The heart beat regularly, but feebly, and the præcordial beat was imperceptible; respiration was slightly stertorous, quite regular, at times half-sighing.

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\*About 75 grains.

All voluntary and reflex movements were suspended, and the patient gave no signs of feeling when pricked with a needle.

As it was impossible to make the patient swallow an emetic, an œsophagian sound was introduced into the stomach, and two tumblerfuls of unabsorbed brandy siphoned off.

Three injections of ammoniacal water were introduced by the sound, and subsequently drawn off.

After nine in the evening certain involuntary movements were noticed; at two in the morning he fell out of bed, and from this time on sensibility began to return.

In the morning of the next day *symptoms of sub-acute delirium tremens* set in, continuing for twenty-four hours, after which he began to talk rationally.

He manifested none of the after effects of alcohol poisoning; had no headache, no heaviness of the head, merely a great lassitude.

## V.

### FATAL POISONING FROM EXTERNAL APPLICATION OF PYROGALLIC ACID.

A robust man was admitted to the dermatological clinic, at Breslau, with psoriasis extending generally all over the body.

Over one part of the body a *pommade* of chrysarobine was rubbed, while the rest of the skin was rubbed with a *pommade* of pyrogallic acid, of a strength of 1 in 10.

Six hours later the patient was seized with a violent chill, with vomiting and profound collapse, and in four days the man was dead.

During all the time the patient was in the hospital, he passed only 1,600 grammes of urine, the last passed being dark brown in color and full of sediment.

The spectroscope detected in the sediment no blood globules, but an immense amount of hemoglobine. An autopsy being made, the blood was found to have a dirty reddish brown color and to contain, in abundance, detritus of the globules.

The kidneys were uniformly bluish-black in color, and the canaliculi were filled with the constituents of the urinary deposits. Neisser proved, by experimentation on animals, that chrysarobine is innocuous, but that pyrogallic acid in very small doses, causes chills, dyspnœa, and trembling of the limbs in rabbits, the blood, urine, etc., being in the same condition as in the case of the man.

A dose of 2 grammes to the kilogram of weight in the animal caused death in about two hours.

Neisser explains the toxic action of pyrogallic acid on the ground of its avidity for oxygen in the presence of alkalies.

## VI.

### SATURNINE POISONING FROM THE USE OF RED WAFERS.

Masquenlte, in the *Revue d'Hygiene*, December, 1879, reports a case of saturnine poisoning in a young man, who not only used red wafers in his correspondence, but frequently ate them.

## VII.

### POISONING FROM IRRESPIRABLE GASES, DEVELOPED BY THE EXPLOSION OF DYNAMITE.

A workman who entered a tunnel, in which dynamite had been just exploded, was asphyxiated in about six minutes.

Being brought out by others, who went in a few minutes later, he was found to present cyanosis of the face and hands, bloody foam in the mouth, ecchymoses beneath the ocular conjunctivæ, paralyzed pupils, entire loss of consciousness, cold skin, pulse small and rapid, loud, but superficial and irregular breathing, halting sometimes for fifteen or twenty seconds, with tracheal râles; on auscultation, signs were found of pulmonary œdema and diastolic *souffle* in the great vessels, augmented by pressure of the veins of the neck by the stethoscope.

Two subcutaneous injections of acetic acid restored him to consciousness, and in six days he was well, having suffered during that period from laryngitis and pharyngitis.

The gases causing the asphyxia were, probably, carbonic acid and nitrogen, as these are products of the explosion of dynamite.

SALICYLIC ACID AND CEREBRAL HYPERÆMIA.—(*Dr. A. Apolant in B. K. W.*)—Large doses of this acid produce symptoms of cerebral hyperæmia, showing themselves by surring in the ears and flickering before the eyes, and even auditory hallucinations have been observed. This patient suffered from acute articular rheumatism, for which he took, in seven days, 42 grammes. On the fifth day he complained of difficulty of hearing, and the dose was therefore lessened. On the sixth day he began to scold and to scream, so that his wife considered him crazy. He thought he saw people at night, who tried to disturb the family. When the acid was left off, he gradually calmed down and had no other trouble afterwards.

## Book Notices and Reviews.

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E. A. LODGE, SR., M. D., DETROIT, MICHIGAN, EDITOR.

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Any book noticed in these pages will be forwarded by mail, prepaid, on receipt of price at Office of American Observer.

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*DISEASES OF THE NERVOUS SYSTEM, being a Treatise on Spasmodic, Paralytic, Neuralgic and Mental Affections, for the use of students and practitioners of medicine. By Charles Porter Hart, M. D., &c., &c., with ample Clinical Illustrations. New York and Philadelphia: Boericke & Tafel, 1881.*

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Our esteemed colleague presents to the profession in a well printed volume of 409 pages, a very carefully written treatise upon spasmodic, paralytic, neuralgic and mental affections. The two-hundred and twelve clinical illustrations, add greatly to the value of the work.

The author devotes Part I to a consideration of the Physiology of the Cerebro-Spinal Centres. Part II, to Derangement of the Motor Function. Part III, to Derangement of the Sensory Function. Part IV, to Derangement of the Mental Function.

*Hyoscyamus* is referred to as a remedy in mania upon page 371, with an interesting illustrative case. We have used this agent successfully in a case of puerperal mania, where the patient thought that she had killed her child, and that her chin had become a duck's bill. She was sleepless, unwilling to remain in bed, delirious but not violent. *Hyoscyamus* 1st, dilution cured her in three weeks, and she has since borne other children without any tendency to return of insanity.

Upon page 400, the author gives us credit for being the first to direct the attention of the profession to the value of *Gelsemium* in obstinate sleeplessness; and refers to the fact that Dr. W. J. Blakely says it produced a thirty hours sleep in delirium tremens after mor-

phia had failed. We may not have been the first physician to introduce *Gelsemium* for this purpose, but we would record the fact that in nearly twenty years experience in its use, it has very seldom disappointed us in quieting irritability of the nerves and producing sleep.

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*A TREATISE ON DIPHTHERIA, its history, etiology, varieties, pathology, sequelæ, diagnosis and homœopathic therapeutics; by A. McNeil, M. D. Chicago: Duncan Bros., 1881. Price \$1.*

With commendable liberality, Messrs. Duncan Bros. offered a prize of one hundred dollars for the best treatise on Diphtheria. Several essays were presented and submitted to a committee consisting of Drs. Geo. E. Shipman, D. S. Smith and A. E. Small, who made the award to Dr. McNeil's production.

The remedies treated of are: *Ailanthus g.*, *Ammonium causticum*, *Apis m.*, *Arsenicum album*, *Arsenicum iodatum*, *Arum t.*, *Baptisia t.*, *Belladonna*, *Bromine*, *Bryonia*, *Calc. chlor*, *Cantharis*, (*Capsicum*), *Carbolic acid*, (*Ignatia*), *Iodium*, *Kali bich.*, *Kali (hyper) mang.*, (*Lac. Canium*), *Lachesis*, *Lachnanthes*, (*Lycopodium*), *Merc. biniod*, *Merc. corr.*, *Merc. cyan*, *Merc. prot.*, *Merc. sol.*, (*Natrum mur*), *Nitric ac.*, *Phytolacca*, (*Rhus t.*), *Salicylic ac.*, *Sanguinaria*, *Sulphur*, *Sulphuric ac.* Those we have printed in italics have been found in our experience valuable, but we more than doubt the efficacy of those we have placed in parentheses.

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*NORTH AMERICAN REVIEW* for April had a noteworthy article by Judge A. W. Tourgee, in which the professed reformers of the civil service are put on the defensive and their schemes of reform pronounced to be incompatible with American ideas of self-government, and on divers other grounds inadmissible and impracticable.

The July number bears the usual characteristic of timeliness. Carl Schurz leads off with a suggestive paper on "Present Aspects of the Indian Problem," in which he discusses the Indian obstacle in the way of the country's development. Next a caustic writer gives the views of "A Yankee Farmer" on "The Religious Conflicts of the Age," to the discomfiture of the modern Agnostic, Moralist and Evolutionist. Another trenchant article is "The Power of Public Plunder," by James Parton, which appeals to the sons of our men of character and wealth, on patriotic grounds, to enter into politics, and become the safeguards of their country. Mr. Henry George dwells on "The Common Sense of Taxation." "The Cost of Cruelty" is presented by Mr. Henry Bergh, and "A Study of Tennyson" comes from the pen of Mr. Richard Henry Stoddard.

*THE HOMŒOPATHIC THERAPEUTICS of Diarrhæa, Dysentery, Cholera, Cholera Morbus, Cholera Infantum, and all other loose evacuations of the bowels.* By James B. Bell, M. D. Second edition by Drs. Bell & Laird. Boericke & Tafel, New York and Philadelphia, 1881.

The first edition of this work was esteemed as very helpful to our busy practitioners, and this second has been enriched by the labors of Dr. W. T. Laird, who has collated much that is valuable for our literature. In the first edition, it appears that Vols. I to VI of this journal were consulted, and in the second edition, Volume IX. only. We have published over 17 vols., and the articles referring to the diseases treated of in this book, could have been very readily found by reference to the classified indices.

We find the following statement in introduction:

"The writer began the practice of medicine, with the preconceived idea strongly fixed in his mind, that, while the thirtieth potency might be useful, and perhaps the best for chronic and nervous affections, the lower and even crude preparations would prove more satisfactory for acute affections, and particularly for diseases of the bowels.

Hard experience has taught him the contrary, and 'though convinced against his will,' he is not 'of the same opinion still.'

There is indeed a somewhat prevalent opinion, that the strength of the dose makes up for want of due care or knowledge in selection.

This may be stated in mathematical terms as follows: If the thirtieth potency of Ars. is equal to *a complete knowledge of the drug*, one-fifth of a grain of arsenious acid is equal to complete ignorance of it. Stated in this, its true form, we grant it."

There may be some who are foolish enough to think that large doses may compensate for want of accuracy, but we doubt the prevalence of such an opinion. And we would ask, if the right use of the thirtieth evinces, "complete knowledge" of any drug, where is the propriety of going beyond that attenuation? If there is efficacy in doses beyond the 30th, then the knowledge of the 30th only, does not include completeness. And, if it does not include completeness, where is the force of the author's argument?

*PHYSIOLOGICAL MATERIA MEDICA, containing all that is known of the Physiological action of our remedies, together with their characteristic indications and Pharmacology.* By Wm. H. Burt, M. D. Author of Characteristic Materia Medica, Therapeutic of Tuberculosis, a monograph on Polyporus, &c., &c., &c. Chicago: Gross & Delbridge, 1881.

When Dr. Burt first commenced his labors on *Materia Medica*, he met with the sneers of pretentious professors and others. We urged the propriety of giving him every reasonable encouragement. The objectors of fifteen years ago have done nothing for the profession in this department themselves, but Dr. Burt has enriched our literature with many valuable contributions, and the work before us, a portly volume of nearly a thousand octavo pages, gives proof of the value of his well directed and persevering labors.

The author's design has been to furnish a text-book, arranged so that it can be readily found what a drug is, where it is obtained, how prepared, how it acts, what tissues it affects, how it affects them, what doses it takes to produce certain results, and what are its characteristic therapeutics. This purpose the author has accomplished in a much more satisfactory way than could have been looked for. His former book, on *Characteristics of the Materia Medica*, was well received, but we may well expect that the present work will be held in high estimation.

We tender the author our hearty congratulation at his success in the preparation and publication of so useful a book.

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#### *A NEW FORM OF NERVOUS DISEASE.*

Fords, Howard & Hulbert will publish a little book of especial interest to the medical profession, entitled "A New Form of Nervous Disease," by Dr. Wm. S. Searle, of Brooklyn. It describes and discusses the symptoms, nature, causes, and treatment of what Dr. Searle considers a new nervous affection; the distinguishing characteristic of which, is a symptom that the patients describe as *shocks* or *explosions* in the head, accompanied by other interesting developments. The book will contain also a careful essay on the Peruvian *Coca* plant, the leaves of which possess such peculiar properties in their effects on the human nervous organization,—probably the fullest description and analysis of the plant and its value that has yet been made. Dr. Searle has made many experimental tests of *Coca* in his practice, and considers it a very valuable addition to the list of therapeutic agents, especially in the class of troubles discussed in his book. In this era of nervous disorders, every intelligent addition to neurological literature should be eagerly read.

*J. K. FUNK & CO'S. STANDARD SERIES.—J. K. Funk & Co., 10 and 12 Dey street, New York.*

This series consists of reprints of some of the best standard books, such as Macaulay's Essays, Carlyle's Essays, Tennyson's Idyls of the King, Colton's Lacon, &c., &c., &c. Fifty have been already issued, and others are constantly being added. Prices vary from 10 to 25 cents each. Fall catalogues are furnished upon application.

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*SECRET SINS OF SOCIETY, by C. E. Rogers, M. D. Union Publishing Co., Minneapolis, Minn., 1881.*

This work is devoted to the consideration of obscene literature, the social evil, marriage, prevention of conception, foeticide, solitary vice, &c. It requires a large amount of knowledge, and a very pure heart to discuss these subjects, so that more good may be done than harm. The author's intention may have been the best, but we cannot say that he has reached the desirable point. Who has? Many of his remarks are excellent, and some of the quotations are the best. We have space but for one of these, which should be re-echoed from every pulpit in the land.

ANTE-NATAL INFANTICIDE.

"I have heretofore warned my flock against the blood-guiltiness of ante-natal infanticide. If any doubts existed heretofore, as to the propriety of my warnings on this subject, they must now disappear before the fact that the world itself is beginning to be horrified by the practical results of the sacrifices to Moloch, which defile our land. Again I warn you, that they who do such things, cannot inherit eternal life. If there be a special damnation for those who "shed innocent blood, what must be the portion of those who have no mercy upon their own flesh."—*Bishop Coxe, Pastoral Letter.*

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*THE GARDNERS' MONTHLY AND HORTICULTURIST: Edited by Thomas Meehan. Philadelphia, Charles L. Marot, 814 Chestnut street. \$2.00 per year, postage paid.*

This is a beautifully printed and illustrated monthly of 32 pages, double columns. We found one article on page 81 of the March number, respecting the picking, handling, sorting, storing and marketing of apples, which is of such practical value, that a low estimate would be to say that it is worth the price of a years subscription to any one having an orchard. We have about 20 acres devoted to fruit trees on our farm, on Pine Lake, and know how to appreciate common sense directions as to care of fruit.

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*HOW TO USE THE FORCEPS, with an introductory account of the Female Pelvis, and of the mechanism of delivery, by Henry G. Landis, A. M., M. D.: New York, E. B. Treat, Publisher, 757 Broadway, N. Y. Price \$1.50.*

A large experience by a practitioner of accurate observation and

abundant knowledge, has resulted in a very practical work, which we commend to the favorable notice of our readers.

*CHURCHYARD LITERATURE, a choice collection of American Epitaphs. By John R. Kippax: Chicago, S. C. Griggs & Co.*

Prof. Kippax presents a choice collection of epitaphs, with remarks on monumental inscriptions and the obsequies of various nations. The book is very readable and contains an introduction that is specially interesting. The collection of ludicrous, scientific and ridiculous epitaphs is particularly amusing, and we may reprint some of them in our Laugh Cure.

*ON CERTAIN CONDITIONS OF NERVOUS DERANGEMENT, Somnambulism, Hypnotism, Hysteria, Hysteroid affections, etc., by William A. Hammond, M. D., Surgeon-General U. S. A., &c. New York: G. P. Putnam's Sons, 1881.*

The author's previous work on Spiritualism, and other causes and conditions of nervous derangement, having been out of print for some time, in complying with the demand for a new edition, he has revised the whole, adding much of new matter and omitting the portions referring directly to spiritualism. The ignorant multitude are the ready prey of the pretenders, who claim the power of working miracles, and the general dissemination of knowledge, such as that contained in Dr. H's. book, will help to protect against their deceptions.

*THE CHEMISTRY OF MEDICINES, PRACTICAL, by I. U. Lloyd, Professor of Chemistry and Pharmacy in the Eclectic Medical Institute of Cincinnati, O. Published by the author, 1881.*

In a 12mo. vol. of 451 pages, there is a vast amount of trustworthy information on medical chemistry, adapted as a text and reference book for the use of students, physicians and pharmacists.

The fifty original cuts were well designed, but we cannot speak very highly of the engravers execution.

The author is a teacher of chemistry in the Eclectic school, and one of the well-known firm of druggists, Messrs. Merrill, Thorp & Lloyd, whose advertisement we publish regularly. He brings to his task the best theoretical and practical knowledge, and although his book is not attractive in appearance, type, paper and binding being inferior, yet the work itself will be found of more value than more pretentious volumes of better mechanical execution.

*A PRACTICAL TREATISE ON SEASICKNESS, its symptoms, nature and treatment, by Geo. M. Beard, A. M., M. D. New York: E. B. Treat, 757 Broadway. Flexible cloth 50 cents.*

When crossing the Atlantic, we suffered with sea-sickness for about two weeks, and shall never forget the experience. This was forty-three years ago, but the recollection is as vivid as if it were but last month. We knew nothing then of the virtues of *Tabacum*, a weak dilution of a tincture of the green leaf, which we have prescribed of late years with decided advantage.

Dr. Beard has presented a readable book, well worth the price.

The treatment he recommends, and his large doses, we think are as bad as the disease. We note two items: "Hyoscyamia, in doses of from one-hundredth to one-quarter of a grain, by the mouth, or hypodermically, beginning at the smaller doses, offers a fair field for experiment."

We know of one case of insanity said to have been produced by the hypodermic injection of hyoscyamin. We must consider the use of 1-100 to  $\frac{1}{4}$  of a grain of such an agent, as an experiment, in any case, extremely reckless.

Then we find another prescription equally as objectionable.

"One hundred grains of bromide of potassium, in divided doses, in the space of two hours."

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*THESE SAYINGS OF MINE.* By Joseph Parker, D.D.  
New York: I. K. Funk & Co., 10 and 12 Dey street. Price \$1.50.

This volume contains pulpit notes on seven chapters of Matthew, and a number of other sermons, with an admirable introduction by Dr. Chas. F. Deems, of New York city. The cold printed page cannot possibly reproduce the fiery eloquence and force of the extemporaneous utterances of one of London's famous pulpit orators, but as far as this can be reached, it has been done by the aid of an American phonographer. We have read several of these expositions with great satisfaction, and consider that they rank in power, pathos, simplicity, and spirituality with any others either ancient or modern.

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*A PRACTICAL TREATISE on Tumors of the Mammary Gland, embracing their histology, pathology, diagnosis and treatment, by Samuel W. Gross, A. M., M. D., New York: D. Appleton & Co., 1880.*

This is a very finely printed octavo of 246 pages, pica type, illustrated by twenty-nine engravings. The author finding that tumors of the mammæ had not constituted the subject of a systematic and strictly accurate treatise entered upon a study of their minute structure, investigated their general pathology, and devoted attention to their differential diagnosis, and their rational treatment.

## Obstetrical Observations.

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J. H. MARSDEN, A.M., M. D., YORK SPRINGS PA., EDITOR.

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### EXTRACTION WITH THE OBSTETRIC FORCEPS.

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As there seems to be an increasing necessity for recourse to the forceps in child-birth,—at least a more frequent use of that instrument by common consent, greater facility and expertness in its employment are also demanded. Of the thousands who undertake the operation, we cannot expect that all will perform it guided by an intimate knowledge of scientific principles. What we want then is a method, founded indeed upon scientific principles, but safe and easy of execution even by those unacquainted with those principles. The accountant may utilize the “rule of proportion” in his calculations and arrive at accurate results, without knowing that the rule is based upon a corollary from the geometrical proposition: “If four quantities are proportional, the product of the two extremes is equal to the product of the two means.” In like manner the practical surveyor may, from his field notes, determine the contents of his survey with sufficient accuracy, without knowing anything of the principles upon which the logarithmic tables he employs, are constructed. So there may be laid down rules for the application of the forceps, which may be safely followed by the careful practitioner, even though he may know nothing of conic sections and be unacquainted with the properties of ellipses, of which a strong imagination may conceive several to exist within the limits of the pelvis. He may even be totally ignorant of the true mathematical principles upon which the operation is based. We do not say it is well for any one to be ignorant of these principles, but the truth is, many are, and many always will be. We therefore want a practical method, which may be safely executed independent of an intimate knowledge of them.

We will not here speak of the best method of introducing and adjusting the blades of the forceps. We have done this elsewhere

(see Practical Midwifery, page 254. et seq), We are now concerned only with "Extraction."

The problem that presents itself to the operator, forceps in hand, is about the following: "Given a globular body, (child's head) to be extracted through a curvilinear canal by the application of a direct rectilinear force." We may add though, perhaps, somewhat anticipatory, this is, essentially, to describe a polygon of an indefinite number of sides within a circle. We have said *direct rectilinear* force, for we can no more apply *directly* a curvilinear force with the forceps in extraction, than we can make our rifled gun shoot around a corner. Simple force can be made to act *directly* only in a straight line. If we wish to make the resisting body move in the nearest approximation to a curve, we can do so only by changing the direction of the force *momentarily* as the body advances, and thus modifying the direction of the force according to the direction of the curve line, in coincidence with which we wish it to move. The line upon which we thus impel motion in the body acted upon, is not strictly speaking, a curve-line, but a line made up of a succession of straight lines. We cannot construct a rectilinear figure within a circle whose boundary will *exactly* correspond with, or be parallel to the circumference of the circle. The nearest approach to such a figure will be found in the polygon, and the approximation of its outline to an exact correspondence with the circumference of the circle will be in proportion to the number and shortness of its sides. By increasing these indefinitely, the boundaries of the figures may become so nearly coincident, that the difference may be practically rejected.

It is thus in applying force in extraction with the forceps. The line upon which the head is required to move is curvilinear. Says Dr. Hodge, on page 47, of the first edition of his great work: "If the point of a compass be fixed at the bottom of the symphysis pubis, with a radius of two inches, it will describe an arc of a circle, which will represent the inferior part of the axis of the bony cavity. The same circular movement continued forward to the centre of the orifice of the vagina, would complete the whole axis of the obstetrical canal, or the course which the child's head describes during its descent from the superior strait, at the commencement of labor, to its final exit at the orifice of the vagina, when this process is terminated."

A direct curvilinear force cannot, as we have already said, be applied through the forceps. The nearest approach to this must be effected by constantly changing the direction of traction as the head advances along the curve of Carus. Thus if by changing the direction of traction at each successive moment, we compel the head, the resisting body, to move upon the sides of a polygon indefinitely short, we cause it *virtually* to move upon a curve line. The resistance moreover, however small, encountered from the parturient canal, modifying the direct force, renders the approximation still more complete.

The practical corollary which I wish to deduce from the foregoing principle, is, that in extraction with the forceps, we should grasp the instrument low—near or over the lock—and thus near the head of the child, holding it very lightly—simply apply traction force, and suffer the handle of the forceps to rise as the head advances, and thus *point out the direction* in which the extracting force should, *at each successive moment*, be applied. In order to limit our efforts to traction force, including gentle oscillation, when this is required, perhaps the forceps had better be furnished with a shoulder upon each shank a little in front of the lock, the anterior surface being so indented as to receive the fingers, and thus afford a more secure hold. Some modifications of the instrument are provided with this appendage, as that of Bedford and Elliot, the advantage of which has, perhaps, hardly been sufficiently appreciated.

That the handle of the forceps, when properly adjusted and held, will indicate the direction in which the extracting force should be applied, may be illustrated in the following simple manner. Let a curvilinear groove be cut in a soft board, corresponding to the curve of Carus, so narrow that a piece of watch spring laid in it edgewise will merely fit loosely. Let the watch spring project at the end corresponding to the lower outlet. Take hold of this end of the spring and gently withdraw it, following the direction indicated by the projecting point. It will be found that it may be thus withdrawn with greater ease and less friction than can be done by applying the force in any other direction—that is, movement thus produced is most nearly in coincidence with the curve of the groove.

J. H. M.

## *Surgical Observations.*

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PROF. H. F. BIGGAR, A. B., M. D., EDITOR.

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### EXTROVERSION OF BLADDER.

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BY H. F. BIGGAR, A. B., M. D.

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The more important among the evils, which necessarily accompany this malformation, have as yet baffled surgical skill; but the nature and extent of the help which such cases can at the present time command, indicates a future practice of possibly perfected skill in treatment.

In order to appreciate whatever of treatment has thus far been applied for its amelioration, it is necessary to understand the character of the disease. It is not a deformity which is frequently met with, though, perhaps, a metropolitan practitioner would hardly escape meeting it more than once or twice in the course of his practice. It seems to have been found to exist more frequently in males than in females, one experienced physician having found two female patients out of eight, who, suffering under this condition, had come to his notice.

In cases of this malformation, the ureters discharge their contents externally instead of into the bladder; that is, the bladder is wanting, unless we accept as the posterior wall of that organ, the red mucous membrane, through which the ureters pierce and discharge the urine.

The umbilicus may be more or less distinctly marked, and the pubic bones are in these cases more frequently joined by ligament than by the usual symphysis; the penis is generally but rudimentary and small; the urethra as such is wanting; but, extending along the back of the rudimentary penis, the urethra is merely suggested by a groove lined with mucous membrane, which extends to the exposed raw surface, forming the posterior wall of the bladder. It is frequently the case that there is hernia of the bowels beneath, and on each side of the extroverted bladder; in the pouch thus formed and enclosed within the loose integument which is its covering, are the testes.

Besides these main characters of the disease in the male, there are occasional features of less frequent occurrence, though, perhaps, of quite as much importance, in view of a plastic operation. Sometimes the mucous surface of the extroverted bladder is so covered with projecting papillæ, that the least friction of the clothing thereon causes bleeding. When the folds of skin in the groin are large and loose, the operation of covering the exposed bladder is much easier, such folds of skin greatly assisting in furnishing the integument for the covering. In this disease, the peritoneum sometimes extends lower down toward the anus than in a natural condition of the parts; this state has been specially observed where the fact of such unnatural extension has been inimical to a successful operation for relief.

In the female this malformation presents much the same external appearance as to the projecting tumor-like posterior wall of the bladder; the protruding mucous surface of the organ extending down into the vagina, seemingly by a continuation of the labia minora, which are widely separated from each other; the defect, as regards the sexes, is not so serious in the female, since in her case the generative function is not lacking, as it is in the male, from the condition of the penis.

It has already been said that the surgical assistance, which can be rendered in these cases, is far from satisfactory; it is only of late that experience has produced results, which enable the operators to speak favorably of the employment of any measures for remedying these defects.

To explain in what this congenital defect consists, as to principal characteristics, is at the same time to indicate its very painful and agonizing symptoms. There being practically no bladder, there is no way of retaining the urine, which is continually distilling from the ureters; the mucous surface of the raw, red bladder, herniated by the intestines, which lie back of it, is kept in a constant state of soreness and bleeding, by the rubbing of the clothing against it; beside the annoyance and suffering this may cause, it may also be a serious drain upon the system of the sufferer; again, the urine in its constant trickling over the surrounding parts would keep it very sore; this condition would be aggravated by the urinal, which must be used for relief in such cases, but which cannot be worn for any length of time, on account of the irritation and ulceration it causes.

The *fundamental idea* in operations for this deformity seems to be to accomplish the discharging of the ureters into the rectum, so that the urine may be passed per anum. Could this be effected, and should the sphincter have power enough to allow the bowel to retain the urine a short time even, then all inconveniences from the defect, except that of impotence, would be conquered. The experience, however, of two or three skilful surgeons would seem to indicate that such a result is not to be obtained. Several operations have been undertaken, with a view to establish the flow of urine from the ureters into the rectum, but in no case with perfect success. In two cases attempts were made to establish a communication by means of a seton between the posterior wall of the bladder and the rectum, but in these cases the patients died from peritonitis, caused by injuring the recto-vesical pouch of the peritoneum;\* it has been remarked in this article that, in certain of these cases, the peritoneum has been found to extend lower down towards the anus than in a natural condition of the parts.

Mr. Simon succeeded in his plan of diverting the flow of urine into the cavity of the bowel, and the communication was permanent; he avoided injuring the peritoneum, and hence no immediate serious result followed. The patient, however, having survived the operation nearly a year, "died of a disease of the kidneys and ureters, with large calculous accumulations in the latter." Mr. Simon could not close the vesical orifices of the ureters, and though a considerable portion of urine passed into the cavity of the rectum, there was also always more or less flowing of the urine from the external orifices.

Mr. Holmes also succeeded in instituting the desired communication between the ureters and the rectum, without injuring the peritoneum; it would seem, however, that in his operation, the passage was not so permanently open as in that of Mr. Simon, since he never succeeded in preventing the urine from flowing over the pubes in larger quantity than it passed through the artificial opening into the bowel.

An operation is reported by Mr. Thomas Smith,† who says he was led by Mr. Simon's experiment, to make a similar one, that is, the end desired was the same, though the means employed were not similar. Mr. Smith decided upon the lumbar region as the spot for

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\*The operators were Mr. Lloyd and Mr. Johnstone.

†St. Bartholomew Hospital Report.

connecting the ureters with the bowel, since in this situation the colon and ureter could be reached without danger to the peritoneum. By means of a transverse incision in the left loin, the colon and kidney were exposed, the left ureter found, and a small opening being made in the bowel, the end of the ureter was inserted and kept in position by sutures of fine carbolized catgut, these latter being passed through the lips of the wound in the colon and through the cellular tissue surrounding the ureter. The external wound was brought together at its extremities by sutures, and the back of the bowel supported by being padded with soft sponges wrung out in carbolized lotion.

For six days after this operation the urine passed with the fæces, and neither urine nor fæces by the lumbar wound; but on the seventh day both urine and fæcal matter began to escape by the wound in the loin, and the boy became very feverish and ill; at the end of a month from the operation, he began to improve, and in three months, he was up and about, having regained his usual health.

During all this time, both fæces and urine had escaped from the lumbar wound, and there had been free suppuration, which had discharged in an abscess opening in the loin at the wound. Gradually the larger part of the fæces were passed per anum, and the wound in the back began to heal, until at the end of a year from the operation, all the motions were passed naturally, and the fistula had quite healed. But while no urine flowed from the orifice of the left ureter, it could not be ascertained that any passed with the fæces.

In fourteen months from the first operation, the boy being in good health, a second operation was performed on the same plan, and having the same object as the former one, that is, the introduction of the right ureter into the back of the corresponding colon; the patient died fifty hours after this operation.

Without entering into a wordy description of what might and might not be the true causes of the given results, it may be said that Mr. Smith records this case as "a warning, that the miseries of *ectopia vesicæ* cannot be alleviated by making the ureters discharge their contents into the bowel." In the operation just quoted, the connection between the left ureter and colon was maintained during six days, during which time all the urine from the left kidney enter-

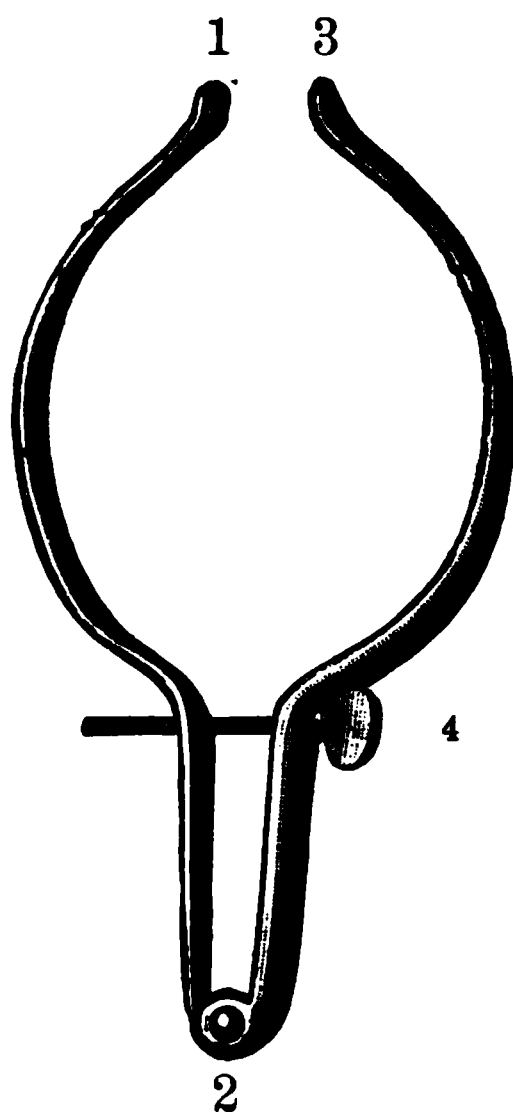
ed the bowel. The fear that harm might be done by the absorption of urine in the bowel, has proved groundless. Mr. Smith gives his opinion, that the kidneys are the organs which must suffer by the operation; in this case on the left side, the secreting structure of the kidney was entirely removed by suppuration, and the function of the right kidney was so seriously affected, as to cause death in a very short time. Mr. Smith draws the same inference from Mr. Simon's case, as in the latter also, "the patient died from the effects of the operation on the urinary mucous membrane, the morbid change passing upwards from the rectum to the pelvis of the kidney; and one cannot doubt that the secreting structure of the kidney would have been attacked had the patient lived somewhat longer." The conclusion is drawn, that putting aside all the difficulties which must be surmounted, it appears that "a permanent and direct communication between the ureter and bowel, is of itself, a fatal lesion."


In view of the results which are demonstrated by the operations just mentioned, it seems that most satisfaction is to be obtained from the plastic operation, merely directing the flow of urine into the rectum as a temporary arrangement, and while the covering of sound skin is healing over the exposed mucous surface. The operation, which has for its end, the most thorough alleviation of the distresses arising from extroversion of the bladder, is a plastic operation, by which the raw everted surface is covered with skin, in such a manner as to serve two purposes; that of remedying the hernia, and consequently bleeding of the mucous membrane; this operation also does away with that constant flowing of urine over the neighboring surfaces, since a vessel or cyst is formed, which only allows such an escape of urine, and in such a manner, as does away with the difficulty of fitting an instrument on so large and irritable a surface as the extroverted bladder.

The operation about to be described, was one which embraced the difficulties of both operations, as mentioned in this article; that is, the radical operation of diverting the flow of urine into the rectum, and the plastic operation of covering and enclosing the extroverted bladder. A babe—a robust boy, aged five months—was the patient, upon whom the operation was performed; he had three herniæ, two inguinal, and one where the bladder should have been. Through this herniated mucous membrane of the bladder, the orifices

of the ureters could be seen, through which the urine constantly distilled; the posterior wall of the bladder being all there was, except the umbilicus, rudimentary prostrate gland, and rudimentary penis with epispadias.

On Wednesday, November 24th, 1880, the operation for perfecting a canal, between the rectum and where the ureters opened, was begun. An instrument was made, after directions given by the operator; an instrument something like a compass, with bowed legs. (vide diagram.)



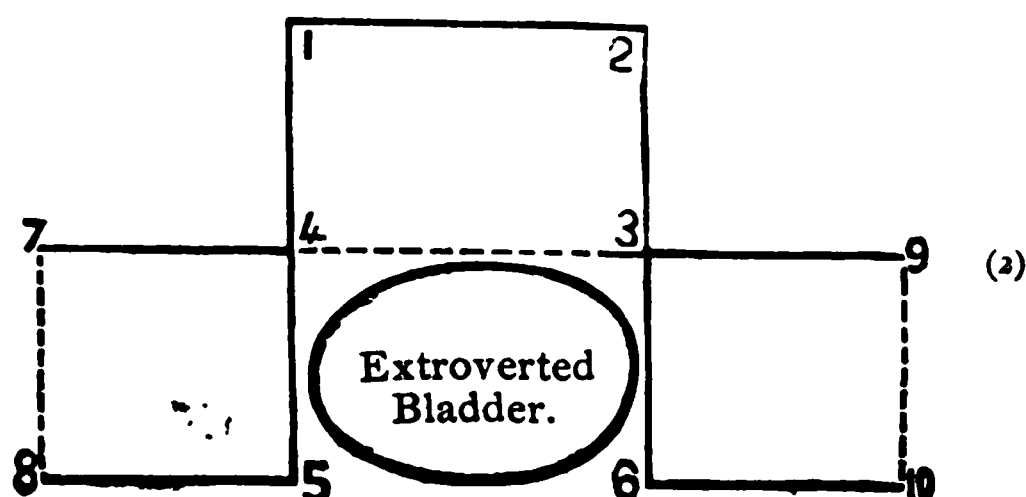
1 and 3 are corrugated surfaces with accurate adjustment—the circumference of these discs about thus, , the size of diameter of intended canal; 2 is a hinge, 4 a thumb-screw, which regulates the pressure.

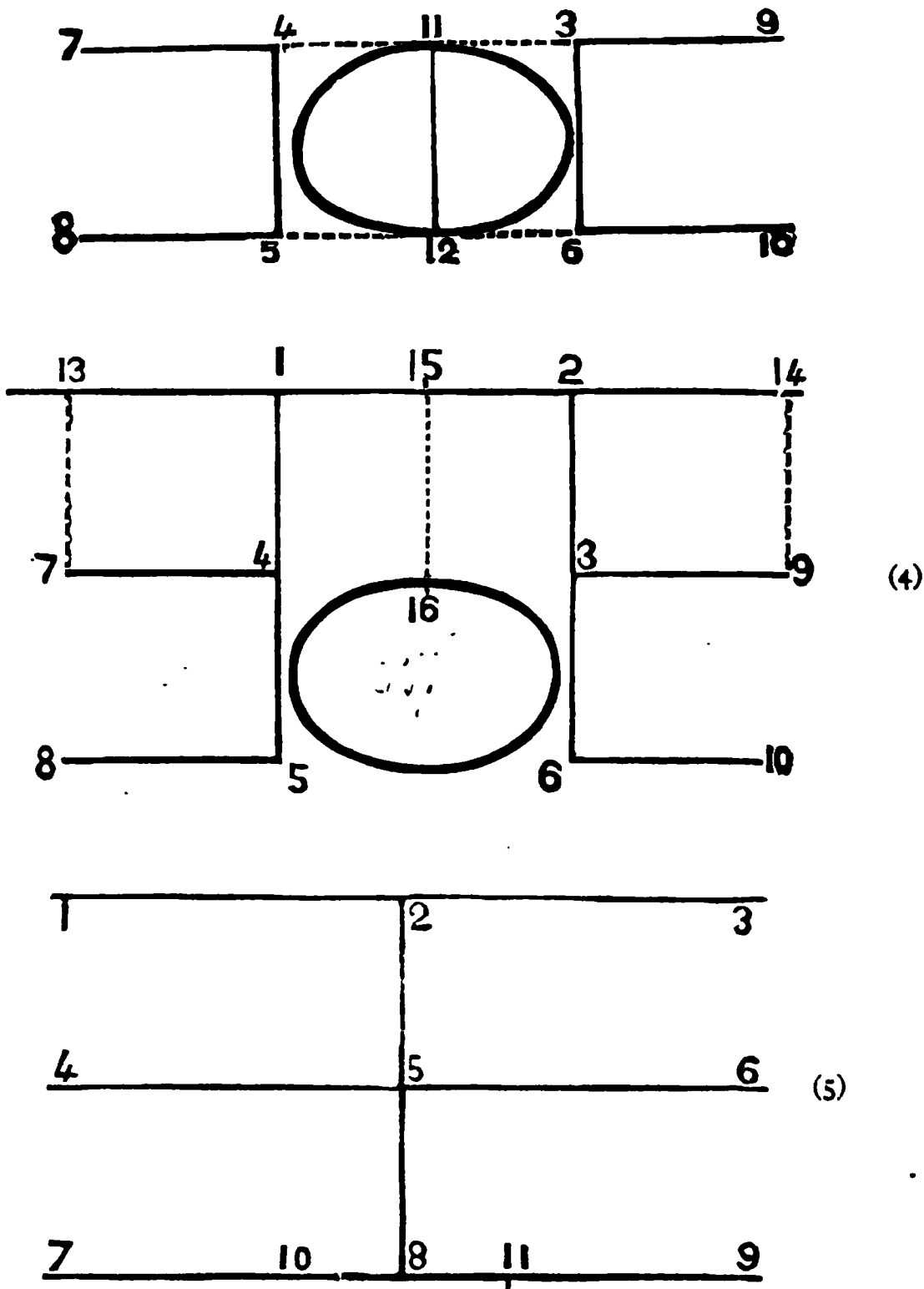
The leg 1, 2, was inserted in the rectum—3, 2, external to lower part of abdomen. Morning and evening two twists of screw were made, and in four and one-half days the canal was complete.

Pressure and the adhesive inflammation did it satisfactorily, like digging a well and curbing as you progressed. This canal is only necessary for the roofing; the rectum becomes a bladder for the time, in order to allow union of the roof.

In order to facilitate the operation, the babe was strapped to a board, like a pappoose. Nearly three weeks were now allowed to elapse, when the child was again papposed, and on December 13th, the operation of covering or making a roof for the bladder was successfully accomplished. The operations which have heretofore been performed, for the purpose of covering and thereby protecting the exposed mucous surface of the bladder, have been accomplished by dissecting up and making use of the skin, which lies on one side of the portion to be covered, also using a second flap, taken from the other side and lower down. The operation effected in this way necessitates a very clumsy arrangement of the skin thus used; since the raw surfaces lie together as they are to heal, (one having been turned over the cleft and the other stretched to cover it), the flaps should be cut, so that their edges exactly coincide. It is almost impossible to do this, when the skin is dissected and used as just now explained, since the second flap, beside being *stretched*, must also be twisted around, in order to cover the exposed raw surface of the first flap. Another objection to the use of the skin from the lateral and lower parts of the abdomen, and from the groin, besides the impossibility of a neat fitting of the skin and the necessity of twisting the dissected part, so that the strain is most uneven and unnatural, lies in the fact that so much exposed surface must be left to fill up by granulations.

The operation herewith explained, was most neat and finished in appearance when the flaps were united; the flaps being taken from the abdomen above, instead of from the sides, as had heretofore been the custom of the few surgeons who had attempted the operation, the incisions and consequent lines of healed surface were most regular and pleasing in effect.





[See Diagram 2.]

1 to 2 a transverse incision on abdomen. 1 to 4 and 2 to 3, also incisions, but in line of body. This flap was dissected up, so that the dotted lines from 3 to 4 indicate the hinge of the flap. 7, 4, 5, 8 likewise dissected, as, also, 9, 3, 6, 10. The dotted lines 7, 8 and 9, 10 indicate the extent of dissection.

The flap, 4, 1, 2, 3 was turned over, covering the bladder; that is, the outside skin of this flap was within, lying on the bladder. 1 to 4 was stitched to 4 to 5; 2 to 3, to 3 to 6. The flaps 7, 4, 5, 8 and 9, 3, 6, 10 were stretched or glided over, so that 4, 5 and 3, 6 met in the center, corresponding to line 11, 12, in diagram 3. Thus had skin without and within. 8, 5 became 8, 12; 10, 6 became 10, 12; 7, 4 became 7, 11, and 9, 3 became 9, 11.

Thus the half of 8, 12 and 10, 12 were stitched to 1, 2, but the space of 5, 6 was left open, for drainage.

Thus the roof was made. It will be very easy to unite, when the time comes, 5, 6 to 1, 2. The flaps 4, 1, 2, 3 left an open space which was covered as in diagram 4, as follows: An incision from 1 to 13 and 2 to 14, then 13, 1, 4, 7 and 14, 2, 3, 9 were dissected up to dotted lines 13, 7 and 14, 9, then, by stretching, as in the flaps, 7, 4, 5, 8 and 9, 3, 6, 10, the edge 1, 4 and 2, 3 met at 15, 16. The operation was complete, as in diagram 5.

1, 2, 3, of diagram 5, represents 13, 1, 15, 2, 14 of diag. 4. 4, 5, 6, of diag. 5 represents 7, 4, 3, 9 of diag. 4; and 7, 10, 8, 11, 9 of diag. 5 represents 8, 5, 6, 10 of diag. 4. Recollect that 10 to 11 in diag. 5 is open for drainage.

This operation occupied one hour and twenty minutes in the performing.

The plan was to have made the rudimentary penis the trough for conveying the urine into a urinal made for the case. The rectum was but a temporary bladder, and the canal was to have been closed when the bladder was completed.

The child being healthy, and both operations having been attended with the fullest success for which one could hope, a most favorable result was anticipated. The condition of the child was fair up to forty hours after the operation, when a spasm terminated his life. The two operations, one following, perhaps too rapidly upon the other were too great a strain upon the brain.

It is, however, plainly demonstrated that the canal can be satisfactorily made, serve its purpose and not prove fatal. It is also demonstrated that the flaps for the anterior wall can be taken from the superior portion of the abdomen.

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*The Management of Wounds*, by David Prince, M. D. Published by Lindsay & Blakiston, Philadelphia.

Contribution to the correction of *Strabismus*, by the advancement of the rectus, by A. E. Prince, M. D.

We are in receipt of the above, which are reserved for notice.

## Practice of Medicine.

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### NERVOUS AFFECTIONS.

We shall embrace under this head, not only respiratory diseases of a purely nervous character, such as spasm of the glottis, asthma, etc., but also those in which the nervous element predominates, or constitutes an important symptom, such as whooping cough and hay-fever—diseases which, so far as their pathology is concerned, are of a widely different nature.

#### I. TUSSIS, OR COUGH.

Though a mere symptom, cough is often the most marked, as well as the most important abnormality, and, in many cases, the only one demanding attention. It may be defined to be a short, interrupted or explosive sound, produced by the sudden and violent expulsion of air from the lungs. It depends in most cases upon some laryngeal, bronchial or pulmonary irritation, arising from the presence of phlegm, dust, acrid vapors, or other irritating substances in some portion of the air passages, or from some more distant source of irritation acting upon the respiratory nerves. The irritation thus excited gives rise to a great variety of coughs, which are distinguished as either dry or moist, according as they are, or are not, accompanied by expectoration.

The general character of the cough is usually denoted by such terms as *short* or *hacking*, when the irritation is slight; and *hard*, *loud*, *harsh*, *shrill*, *barking*, *violent*, etc., when peculiar or more intense. We also have what are termed *spasmodic* or *convulsive* coughs, depending upon peculiar modifications of the exciting cause; *hoarse*, *wheezing*, or *hollow*, from the nature of the resonance; *paroxysmal*, *occasional*, *transient*, *incessant*, etc., from its frequency and duration; and *nervous*, *hysterical*, *laryngeal*, *bronchial*, *pectoral*, *stomachic*, *hepatic*, *verminous*, *syphilitic*, *scorbutic*, etc., from the seat and nature of the irritation which is supposed to produce it. It

thus appears that cough, instead of being an idiopathic affection, is generally symptomatic of some other disordered condition. Although not dangerous in itself, it is often the precursor of many very fatal diseases, and should therefore never be disregarded. For this reason, and for fuller information on this important subject, reference should be made to the several diseases of which it is a prominent symptom. We shall here notice only a few of the principal varieties, in connection with the following

### SYNOPSIS OF TREATMENT.

#### I. CHIEF VARIETIES.

1. *Catarrhal Cough*.—Acon., Bell., Bry., Cham., Dulc., Gels., Hepar sulph., Ipec., Nux vom., Phos., Puls., Rum., Stic., Tart. emet.

2. *Nervous Cough*.—Cham., Cimicif., Con., Dros., Hyos., Ign., Ipec., Nux vom., Verat. alb.

3. *Spasmodic Cough*.—Cic., Cocc. cact., Con., Cupr., Dros., Hyos., Ipec., Rum., Samb., Verat. alb.

4. *Laryngeal Cough*.—Arn., Bry., Cham., Cina., Dros., Hepar sulph., Ipec., Merc., Nux vom., Spong., Sulph., Staph.

5. *Stomachic Cough*.—Ant. crud., Alum., Cina., Cocc. cact., Hepar sulph., Igna., Ipec., Nat. mur., Nux vom., Tart. emet.

#### II. AS REGARDS EXPECTORATION.

1. *Dry Cough*.—Acon., Arn., Bell., Brom., Bry., Caust., Cham., Chin., Con., Dig., Hyos., Iod., Kali bic., Merc., Nux vom., Phos., Rhus., Rum., Spong.

2. *Moist Cough*.—Bry., Cic., Cina., Dros., Euphr., Ipec., Lyc., Merc., Puls., Stann., Sulph., Tart. emet.

3. *Mucous Expectoration*.—Bar., Bell., Bry., Dulc., Hepar sulph., Merc., Phos., Puls., Sep., Sulph., Tart. emet.

4. *Purulent Expectoration*.—Ars. Bar. Calc. carb., Chin., Dros., Hepar sulph., Lyc., Phos., Puls., Staph., Stic., Sulph.

5. *Bloody Expectoration*.—Acon., Arn., Bell., Bry., Dros., Dulc., Ipec., Merc., Rhus., Sabin., Sec. cor., Sulph.

#### III. COMPLICATIONS.

1. *With Hoarseness*.—Arum., Bell., Bry., Brom. Caust., Cham., Hepar sulph., Iod., Nux vom., Phos., Samb., Sulph.

2. *With Vomiting*.—Ant. crud., Carbo veg., Cocc. cact., Dros., Ipec., Lob., Nux vom., Puls., Sang., Tart. emet., Verat. alb.

3. *With Cephalalgia.*—Acon., Bell., Bry., Glon., Hamam., Nux vom., Puls., Sulph.

4. *With Dyspnœa.*—Bell., Bry., Cic., Dig., Dros., Dulc., Hepar sulph., Hyos., Igna., Lyc., Nux vom., Phos., Sulph., Verat. alb.

#### IV. ATTENDANT CIRCUMSTANCES.

1. *Excited by Lying Down.*—Ars., Bell., Con., Dros., Hyos., Lach., Merc., Puls., Rum., Sulph.

2. *By Day.*—Euphr., Calc. carb., Phos., Stann.

3. *At Night.*—Ars., Bell., Cham., Cimicif., Graph., Hyos., Lach., Merc., Nux vom., Petr., Puls., Rum., Sep., Sulph., Tart., Verat., alb.

4. *In the Morning.*—Alum., Ars., Calc. carb., Dros., Euphr., Lach., Phos., Puls., Rum., Sulph.

5. *In the Evening.*—Carbo veg., Puls., Sep., Stann., Sulph., Verat. alb., Zinc.

6. *In the Open Air.*—Acid. sulph., Ars., Lach., Spig., Sulph.

7. *On Taking a Deep Inspiration.*—Chin., Cin., Con., Cupr., Dulc., Graph., Lyc., Rum.

#### THERAPEUTIC INDICATIONS.

*Aconite.*—Short, dry, rough or hollow cough, accompanied with restlessness, heat and fever, or arising from a titillation in the larynx; spasmodic cough, with suffocation and sense of constriction in the trachea; cough with bloody mucous or muco-purulent expectoration, and short, quick and hurried breathing.

Especially adapted to coughs depending upon an inflammatory condition, or when associated with a febrile state of the system.

*Arnica.*—Short cough, with sticking pain in one side of the chest; dry hacking cough, from irritation in the trachea; moist cough, with expectoration of bloody mucus, or of bright-red frothy blood, or of coagulated blood and mucus; dyspnœa with soreness in the chest; false pleurisy.

*Belladonna.*—Dry, hoarse, barking, hollow, spasmodic, or violent cough, or moist cough with expectoration of bloody mucus; cough accompanied with dyspnœa and palpitation of the heart, or with determination of blood to the head and chest; aphonia.

Belladonna is often useful in the first stages of inflammatory coughs, either singly or in alternation with Aconite.

*Bryonia.*—Cough associated with stitches in the side during

inspiration, or with quick, anxious, interrupted breathing, caused by pleuritic stitches in the chest; dry, concussive, spasmodic cough, with retching; sensation when coughing as though the chest and head would burst; heat in the chest, dyspnœa and bloody expectoration; aggravation of the cough by warmth or exercise; improved by rest.

*Chamomilla*.—Catarrhal cough, with hoarseness; mucus in the larynx and trachea; aching, tensive pain in the chest, increased by inspiration; burning and soreness in the larynx; wheezing or rattling in the trachea.

This remedy is especially adapted to the catarrhal coughs of children, particularly after measles, or when excited by crying.

*Cimicifuga*.—Dry, rough, hoarse cough, arising from irritation and tickling in the larynx or trachea; nightly coughs from laryngeal irritation; coughs associated with palpitation of the heart, or with neuralgic pains in the chest.

*Cimicifuga* is particularly adapted to the catarrhal coughs of children, or to coughs produced by, or associated with amenorrhœa.

*Conium*.—Dry cough, caused by dryness or titillation in the larynx; nervous or periodical cough; aggravation of the cough by talking, laughing, singing, or by lying down.

*Drosera*.—Paroxysmal or spasmodic cough, worse at night, and accompanied with retching or vomiting; nervous or sympathetic cough, occurring in paroxysms, and with or without fever or bloody expectoration.

This remedy is of special service in fully developed whooping cough, and in dry, spasmodic coughs generally, particularly after measles.

*Gelseminum*.—Severe spasmodic or convulsive cough, with pain and soreness in the throat and chest; catarrhal coughs, "with a metallic sound somewhat like croup;" (*Merrill*;) cough from dryness and tickling in the throat; hoarseness or aphonia, with determination of blood to the chest.

Useful in whooping cough, and in the croup-like coughs of children, especially when the system is debilitated by warm weather.

*Hepar Sulph*.—Dry cough from irritation in the larynx, or from oppression of the chest during inspiration; violent paroxysms of coughing, with great soreness of the chest; dry spasmodic cough.

worse at night or in the evening; cough, with expectoration of tenacious or bloody mucus.

This remedy is more particularly adapted to catarrhal coughs of a subacute character, or when resolution is arrested or greatly retarded.

*Ipecacuanha*.—Spasmodic or suffocative cough, with rattling of mucus in the bronchi and sickness of the stomach; cough occasioned by titillation in the larynx or trachea; bloody cough, increased by movement or by deep inspirations; continuous, fatiguing or exhausting coughs.

*Ipecacuanha* is particularly serviceable in coughs, accompanied with nausea or vomiting, especially the first stage of whooping cough.

*Lachesis*.—Cough occasioned by irritation in the larynx or trachea, or by ulcers in the throat; dry cough, or with yellow, purulent or bloody expectoration; cough accompanied with pain and soreness in the chest, stitches in the side, palpitation of the heart, hoarseness, with feeble voice, or dyspnœa.

This remedy is adapted to coughs occurring at the critical period of life, with suppressed or scanty menses, or even when the menses are profuse.

*Nux Vomica*.—Dry cough, with tightness of the chest; short, hacking cough, with soreness of the lungs; violent spasmodic cough, inducing headache or vomiting; dry, harrassing cough after midnight; cough associated with tenacious mucus in the throat and bronchi, congestion of blood to the chest and head, palpitation of the heart, dyspnœa, and occasional discharges of blood from the nose and mouth; aggravation of the cough by exercise or mental emotion.

*Nux* is a very useful remedy in the earliest stage of ordinary catarrhal coughs; also in what is called the "stomach cough," caused by over-loading the stomach.

*Phosphorus*.—Dry, tickling or hacking cough, caused by irritation in the larynx, trachea or bronchi; rough, hoarse or grating cough; panting or fatiguing cough, with expectoration of tenacious mucus; loose cough, with expectoration of saltish mucus, or accompanied with greenish muco-purulent or bloody sputa, roughness and soreness in the throat and chest, pulmonary congestion, palpita-

tion, stitches in the chest, chronic hoarseness, or aphonia; aggravation of the cough by motion or excitement.

Phosphorus is a very useful remedy in almost every kind of cough, especially when associated with disease of the lungs.

*Pulsatilla*.—Loose cough, with greenish, yellowish or bloody expectoration, having a sweetish, nauseous, bitter or putrid taste; violent cough, with difficult expectoration of tenacious mucus, pain in the side, dyspnœa, palpitation of the heart, scraping and dryness of the throat, and hoarseness.

Especially adapted to persons of mild disposition, and to cases complicated with amenorrhœa, or with scanty menses.

*Sticta*.—Hard, racking cough, with hoarseness and coryza; loose cough, with rattling in the chest, and expectoration of mucus or phlegm; aggravation of the cough at night.

Sticta is a valuable remedy in nearly every form of catarrhal cough, especially in scrofulous constitutions.

*Sulphur*.—Obstinate cough, whether dry or moist; cough attended with dyspnœa, arising from spasmodic constriction of the chest; dry cough, with hoarseness, dryness and soreness in the larynx and throat, pain or stitches in the chest, or aphonia; aggravation of the cough at night, or when walking in the open air.

This remedy is particularly adapted to very obstinate and chronic coughs, especially when there is a psoric condition of the system, or when resulting from the suppression of cutaneous eruptions.

CLINICAL OBSERVATIONS.—Cough is too common a symptom to need clinical illustration; we shall therefore mention, under this head, only a few rare and peculiar forms.

*Ear Cough*.—Dr. Horace Dobell, in his work on “Coughs, Consumption and Diet in Disease,” refers to this form of cough as follows:—“Lastly, there is a cough caused by irritation of the auditory canal—and that only in some people—to which I have given the name of ear-cough. I should not have presumed to name it were I not pretty sure that this kind of cough has hitherto escaped description, and even recognition in our text-books. And this fact is the more singular, inasmuch as the sympathy between the auditory canal and the larynx was well known to the older writers, although lost sight of by modern authors. This kind of cough has

doubtless been confounded, up to a very recent period, with nervous cough, which occurs in persons of highly nervous temperament, and is due to a convulsive action of the throat muscles; or else it has been included in that terra incognita of idiopathic coughs."

*Cardiac Cough.*—"This man says his doctors have treated him for asthma and bronchitis. He has a very distressing cough, dry, hacking, whistling and with decided shortness of breath, amounting sometimes to asthmatic dyspnœa. It is excited by active exertion, walking rapidly, and even by mental excitement. He is compelled sometimes to sit up in bed and cough and wheeze for an hour at a time. He feels always that he would be relieved by a free expectoration, but nauseating remedies, taken for that purpose, produce no permanent amelioration. He has had two or three slight hemorrhages, and has always felt better after them.

What is the matter with this man? Not pulmonary consumption, for notwithstanding his hemorrhages and a cough persisting for nearly a year, he has lost no flesh, but is fat and florid. Not asthma, at least neither bronchial nor spasmodic asthma, because he has no definite paroxysms of dyspnœa, leaving him well in the intervals between them. Not bronchitis, acute or chronic, because he has no fever, no persistent increase of expectoration and no auscultatory evidence of that disease, his lung symptoms are not primary but secondary.

This patient is an old rheumatic, and his real disease is mitral insufficiency, and the consequent regurgitation of blood back from the left ventricle into the left auricle at every ventricular systole. This is evident from the strong murmur heard during the systole over the whole area of the left half of the heart and even at the back, from the singular variableness of the pulse, not intermissions, or want of rhythm, but frequent variations in caliber or volume, and lastly from all the symptoms of pulmonary congestion which seem to constitute, but does not, the morbid condition.

It would be useless to give this man *Tartar emetic*, *Sanguinaria*, *Nux vomica*, *Rumex* or any other remedy addressed specially to the state of his lungs. I recommend very moderate diet, total abstinence from tea and coffee, physical repose, and *Digitalis* 3d and *Arsenic* 6th, alternately every 3 hours, and I am confident that a week's time will know a considerable improvement. His cure is altogether out of the question."—*Dr. Wm. H. Holcombe.*

*Reflex Nervous Cough.*—"A lady of twenty-three had

suffered for a long time from a nervous cough, having these peculiar features. It occurred only in the day-time, disappearing as soon as she lay down, whether at night or in the day-time. There would be a series of eight or ten dry coughs, followed by half an hour's quiet. She had also suffered for a year from frequent micturition, and a dragging sensation in the lumbo-sacral region. Various nervines had been tried ineffectually. Her history was, that her first and only pregnancy, two years before, had resulted in an abortion at three months, and had been followed by some persistent leucorrhœa and lumbo-sacral pain, aggravated by standing and walking. On examination, the larynx, chest, and abdomen were found free from disease, nor was there any sensitive point in the spine; there were two painful points in the face, however, referable to the trigeminus. On making a vaginal examination, the uterus was found enlarged, and anteverted, so that the body lay behind the pubic bone and the cervix pressed against the sacrum. These abnormal relations were remedied on her assuming a horizontal position. A double curved Hodge's pessary was introduced, which restored the uterus to its normal position, and the cough was relieved, to return, however, when, by way of experiment, the pessary was temporarily removed after a few days. After a year it was no longer required. The author's theory is that these reflex symptoms may have arisen from pressure of the body of the uterus upon the bladder, from traction upon the utero-sacral ligaments, or from pressure of the cervix upon the posterior sacral plexus or its branches—perhaps all three reasons combined."—*Dr. Malachia de Christoforis*.

*Alumina Cough.*—"On the 2nd of February, a delicate-looking, dark-haired woman of about forty years of age, applied for treatment for a cough which she had had for twelve days, and to which she was subject in cold weather. She said that a cough acquired in the cold season would always last till the warm weather came, unless it was sooner cured by medicines. The cough was worse in the evening and at night. The night previous she had coughed all night long, it was also aggravated on getting up in the morning, likewise from laughing; the cough lasted a long time before any sputa was raised, and the longer she coughed the greater was the inclination; it was ameliorated by lying flat on the face. The top of the head was painful during an attack, and the paroxysms made her feel very weak. Her voice was weak and hoarse, the latter increased in the morning. The nose was red; mouth moist, and lips dry; breathing was somewhat "wheezy." She was very nervous, and easily laughed or cried.

A few doses of Alumina 30, daily, were given, and in a week or ten days the patient was well—*Dr. C. P. Norton*.

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LACTOPEPTINE has been found to be an excellent remedy in Cholera Infantum. We have used it in marasmus also with benefit.

# Translations European Journals.

PROF. S. LILIENTHAL, M. D., NEW YORK CITY, EDITOR.

## BALNEOTHERAPIA OF ADIPOSIS.

BY DR. E. H. KISCH (MARIENBAD, 1881.)

It cannot be gainsaid that the most rational success in adiposis can be produced by a long continued use of alkaline-saline mineral waters (Glaubersaltz waters.) It is a fact that after drinking such waters for four or six weeks, a reduction of fat is seen in as much as the weight of the body is reduced 12 to 16 kilo's. The cold springs (Marienbad, Tarasp, might we ask which spring in the U. S. comes nearest to these springs, as our salines contain too much sulphate of magnesia to become a simile), generally deserve a preference in adiposis to hot springs (Carlsbad), partly on account of the ferruginous contents of the former, as the higher grades of adiposis are usually combined with anæma, and because they are less irritatingly on the vascular system than the springs with a high temperature (and are therefore also applicable in fatty degeneration of the heart), and finally because they contain carbonic acid and thus aid diuresis. A light degree of adiposis may yield to the cold chloride of Sodium springs (Kissingen, Homburg), but in severe cases they often fail, and when forced they may produce some loss of flesh, but at the expense of digestion and of the general well-feeling, whereas Marienbad and Carsbad absorb the fat without injury to digestion and blood-formation. Jodum springs (Hall, Krankenheil) are even worse than the chloride of Sodium springs, and they can only be recommended in partial adiposis, e. g. of the mammæ. According to the individuality of the case, the drinking of the waters may be combined with Moor or Sool baths, steam and steel baths. Steam baths are decidedly beneficial to fat persons, but the state of the heart and of the vascular apparatus are to be closely considered. Wherever there is a suspicion of a fatty heart or of arterio-sclerosis, steam baths are strictly contraindicated, and the same may be said of high-graded exhaustion. For amenorrhœic and sterile young women, the ferruginous moor-baths of Marienbad,

Franzensbad, Cadowa, etc., are highly recommended. In selecting a mineral spring for fat persons, we prefer those situated in mountains, because here the lungs receive more oxygen, and thus tissue change is aided. It cannot be gainsaid, that much of the action of mineral springs depends in all affections, as much on the systematic regulation of the diet, on more regular exercise in fresh air, as on the medicinal power of the spring. Here individualizing in regard to the diet, exercise, bathing, general hygienic directions, etc., is of the greatest importance, as only thus constitutional anomalies can be thoroughly eradicated. In relation to adiposis, it is of importance that nutritive material must not be imported in too large quantities, that they ought to contain very little fat, only moderate quantities of albuminous substances (especially meat), and small quantities of carbon-hydrates and glutinous matter, that the patient passes most of his time out-doors with moderate exercise, so that tissue change may be promoted. Hence moderate animal food and much exercise are necessities for a cure. Food must not be too sparingly allowed, as most fat persons are rather inclined to anæmia. An animal diet exclusively, as Banting directs, leads too easily to gastric and intestinal catarrhs, and another injurious effect of such a diet for too long a time leads to increased formation of uric acid, which may lead to gout, a dyscrasia to which fat persons are all more or less inclined. Some observers even affirm that a long continued Banting cure may and has produced tuberculosis, and others saw mental alienations therefrom. Whether the total long-continued abstinence from all fatty matter attacks the brain matter, whether cerebral anæmia is thus caused, we are yet unable to decide. To us the chief regulators are out door exercise and deep breathing, as thus we can increase the quantity of oxygen taken into the body.—*Med. Nenigk*, 19, 1881.

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## A NEW METHOD OF TREATING CARIES.

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BY DR. OSCAR KOLLMANN (WURZBURG.)

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As physician of the prison for women, I treated for a long time a woman suffering from caries of the sternum and of the vertebræ. She was in a pitiable state and needed a constant nurse, as it was impossible for her even to turn in bed. All treatment so far had failed to alleviate her. Reading the article of Dr. Kapesser, on methodical application of *sapo viridis* in diseases of the lymphatic

glands, I intended to make a trial of it. Twice a week 15 grs. of *sapo viridis* (soft scap) mixed with some water was rubbed in, and after  $\frac{1}{4}$  to  $\frac{1}{2}$  hour washed off with some hot water. After a few weeks the nurse reported, that the patient was able to go to the closet (close by) without aid. Internally she just kept on to take her cod liver oil. After a month or so she was able to return to her work.

Another prisoner, 47 years old, was received in the hospital on account of recent caries of the metatarsus. After failing with the usual treatment, she also received the soft-soap inunctions, and after two months she was returned to her labors. Internally cod liver-oil, as the prison-fare is deficient in fats.

M. St., a prisoner, 35 years old, showed an *induratio pul. lat. dextr.*, with *circumscrip. periostitis, cost. lat.* The same treatment relieved her from all her ailments.

The wife of a letter-carrier suffered from tuberculosis, *pulmonum* and *caries costalis*. The same treatment and the same favorable result.

We beg our readers to give this simple treatment a fair trial and report. Twice a week an inunction with a tablespoonful of soft soap, mixed with some water sufficed, rubbed in with a sponge from the neck to the knee-joint (in first case and according to location.) Inunction at night, so that patient does not catch cold. A nourishing diet is to be recommended where nutrition is deficient.—*B. K. W.*, 19, 1881.

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### ON MASSAGE.

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BY DR. GUSSENBAUER.

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The effect of massage in chronic muscular rheumatism cannot be extolled too much. He cites a case where there was severe pain for years, extending from the last three cervical vertebræ over the right shoulder and the whole arm. The least motion rendered the pain unbearable, electricity and all other treatment had failed. The whole right side of the neck, the scapular muscles, and the deltoid were swollen, full of infiltrations and knots, the joints of the extremity stiff. Massage cured the case in two weeks. In the after treatment of acute articular rheumatism, massage over the whole surface of the body influences nutrition beneficially. In relation to chronic articular troubles, massage acts well in stiffness

after injuries, acute inflammation and long continued fixation of the joints; passive movements, moist compresses and packs, cold ablutions and douches, aid the treatment with massage. In dropsy of the joints he witnessed good success from pressure with sponge and massage. In chronic rheumatism of the joints (*Arthritis deformans*) massage acts well. For 22 years all the joints had become affected, one after another, for the last eight years patient could not walk any more, continual pains, pulse small, weak arhythmic, nutrition deficient, copious sediment of urates in the urine. Daily massage for an hour to an hour and a half with active and passive movements over the whole body improved the patient so much, that after a month she would walk supported by a cane, and after five months she enjoyed her walks in the fresh air, without feeling any pain or getting tired. The swellings of the joints were gone, the joints moveable in normal extension nearly, the muscular power greatly increased. The sediments in the urine had already disappeared during the first weeks of treatment, the pulse more full and rhythmic, and she looked healthier and felt better. In several other cases of chronic articular inflammation, massage showed the same beneficial results. A man of 72 years had when fifteen years old, cut the back of his hand with a straw-cutter. Some bony parts were discharged, and after eight weeks the wound healed; twenty-four years after the hand swelled up with all the symptoms of severe erysipelas and frequent relapses followed. Nothing had ever done him any good. The whole forearm gave the picture of elephantiasis, active motion was impossible and extremely painful, he came to the hospital to have his arm amputated. For four days the arm was kept up in vertical suspension till the œdema disappeared, extensive adhesions between the tendinous sheaths of the flexors and extensors could be demonstrated, which Gussenbauer considered as the cause of the pain. These adhesions were broken up and daily massage applied with passive movements and local packs. No pain after this, mobility returned, and now the patient can be considered perfectly cured. In chronic metritis and endometritis, and in neuralgic affections it ought to be faithfully applied, as it acts equally well in such cases.—*Med. Neuigk*, 20, 1881.

## Miscellanea.

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### UNIVERSITY OF MICHIGAN.

#### ALUMNI SOCIETY OF THE HOMŒOPATHIC COLLEGE.

The Alumni of the homœopathic college assembled in the lecture room at 2 o'clock, June 29th, 1881. In the absence of the president, Dr. Olin of Detroit, Dr. C. S. Hubbard of Bradford, Pa. was called to preside.

Dr. Wilson, of the homœopathic college delivered an address on "Infinitesimals."

The officers elected for the ensuing year were as follows:

President—Dr. A. R. Wheeler, Ann Arbor, class '79.

Vice-President—Dr. H. W. Champlin, Orwell, Pa., class '81

Secretary—Dr. Albert Lodge, Detroit, class '79.

Treasurer—Dr. A. B. Avery, Farmington, Mich., class '77.

Orator—Dr. C. S. Hubbard.

Dr. A. I. Sawyer, Monroe, and Dr. Eldridge, Flint, were elected honorary members of the association.

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PROPER COVERING FOR THE FEET.—(*Lancet.*)—At the Aberdeen Philosophical Society a few days ago, Professor Struthers introduced a subject upon which, it would seem, the public, and especially the female part of it, require more than ever to be informed. The title of the paper read by the professor was "The Proper Form of Shoe considered in relation to the Anatomy of the Foot." After a short notice of the bones of the human foot and the characteristics adapting it to the erect position, and of the muscles by which the various movements of the toes are produced, Dr. Struthers said it was evident that the toes were meant to have freedom for individual action. The whole of the muscles of the great toe are separate from those of the other toes, except the slip from its long flexor muscle, which goes to the next two toes, and moves them at the same time, and the slip it receives from the short extensor of the toes; but the great toe has powerful separate muscles for moving up and down and sideways. The foot is capable of being trained to perform many actions usually performed by the hand. But irre-

spective of this capability, the toes are evidently naturally adapted for a freedom of motion which is denied them by the form of shoe usually worn. The distortion produced by the fashionable pointed shoes is the dislocation of the great toe, by which it is slanted towards the middle toe, the whole of the toes being pressed together to a point. This is apt to produce bunion over the inner prominence of the toe, and ingrowing toe nail, both very troublesome conditions. The inner edge of the shoe ought to be straight along nearly the front half of the foot. This implies what seems a very curved-in shoe, but it is the only form in which the great toe can be naturally lodged.

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CURED BY PRAYER.—(*New York Observer*).—All praying that induces neglect of means is in vain. The faith cure, if it despises the laws of health or the use of means, is in the teeth of the very instructions of the Spirit of God. A correspondent sends us some striking illustrations of the uses and abuses of the system. We see it also stated that at Clifton Springs, Dr. Foster, whom we know to be an excellent man and of sound mind, understands the Scripture to mean that while the prayer of faith shall save the sick, it is to be supplemented by the "anointing with oil," which implies that all the means at command are to be used. "All that there is in the varied forms of electrical application, all that has been developed in every kind of bath, both alone and in combination with electricity and medicine, all that there is in manipulation and rubbing of the form in the affected parts, whatever can be reached by a compression of the air till the quantity of oxygen is doubled, whatever can be reached by stimulants or oils applied to the skin, is in free use, and the patient can take his choice in attributing to the prayer or the man the success of this cure, or he can believe as the doctor believes, and adopt them both."

This is religion and common sense united. Thousands of cures follow a treatment that may or may not be the cause of the cure. In many cases cures and medicines are coincidences. But this fact does not diminish our faith in prayer or physic. Our advice, gratis, to all who are sick enough to require medical treatment is to call in a regular physician, not a quack, nor an adventurer, but a good, honest doctor, and then to do as he directs. And in all things by prayer, make known your wants unto God. Faith in God does not turn away from the means His providence has appointed. Faith in God helps medicine to do its work. That hopeful, patient spirit which simple Christian trust inspires is the state which every wise physician wishes his patient to cultivate. Thus prayer saves the sick. This is the faith cure. The laying on of hands, if rightly applied, is often a grand remedy. Anointing with oil represents an excellent treatment.

## Personal Notices, &c.

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### HOMŒOPATHIC COLLEGE UNIVERSITY OF MICHIGAN.

GRADUATES, JUNE, 1881.

Doctor of Medicine—Marshall P. Austin, Moses N. Avery, Samuel E. Burchfield, Henry W. Champlin, Daniel P. Cook, Richard G. De Puy, George W. Dreher, Edward A. Fisher, John F. Flint, Albert R. Halsted, Florence B. Holden, Fayette D. Kendrick, Lavina D. Lambert, Addison Morgan, Charles H. Penniman, Willis P. Polhemus, Theodore O. Potter, Llewellyn B. Richards, Seaver C. Ross, Fred. S. Ruggles, Edward P. Thatcher.

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NEW YORK OPHTHALMIC HOSPITAL for the Eye and Ear, corner 3rd avenue and 23rd street. Report for the month ending May 31, 1881: Number of prescriptions, 3,914; number of new patients, 593; number of patients resident in the Hospital, 12; average daily attendance, 156; largest daily attendance, 218. Chas. Deady, M. D., Resident Surgeon.

CAREY.—Dr. H. P. Carey died April 19th, 1881, of typhoid pneumonia.

CONEY—COVEY.—The Bible speaks disparagingly of the Coney, and says that the "Conies are but a feeble folk," but the *Advance* credits Dr. Coney with a lecture on Demonology, which showed much study, and was well received. We presume it is Dr. Covey that is referred to, and not a Coney.

#### REMOVALS.

FOSTER.—Dr. W. D. Foster, from Hannibal, Mo., to Kansas City, Mo.

FULLER.—Dr. R. A. Fuller, from Vickeryville, to Sheridan, Mich.

HITCHCOCK.—Dr. H. M. Hitchcock, from 42d st. to 37 West 50th st., N. Y.

KIPPAX.—Prof. J. R. Kippax, M. D., to 3,154 Indiana Avenue, Chicago, Ill.

MAREAN.—Dr. L. P. Marean, from New Richmond, Wisc., to Denver, Col.

MCCORT.—Dr. P. J. McCort, from Troy, N. Y., to 233 West 23d st., N. Y.

RANKIN.—Dr. E. B. Rankin, from Winnetka, Ill., to San Antonio, Texas.

SPRAGUE.—Dr. Chas. G., from Stafford Springs Conn., to Elizabeth, N. J.

WILDER.—Dr. L. de V. Wilder, from 42d st., to 227 W. 34th street, New York.

# Physiological Chemistry.

PROF. CLIFFORD MITCHELL, M. D., CHICAGO, ILL., EDITOR.

## CONTRIBUTION TO THE HISTORY OF PTOMAINS.

BY DR. ROBERT—(TRANSLATED BY CLIFFORD MITCHELL, M. D.\*)

We shall commence this review by a notice of the excellent work published by Professor Husemann and entitled *Ptomains, their signification in legal chemistry and in toxicology*.†

Under the name of *ptomains* are found certain basic substances, presenting the general reactions of vegetable alkaloids, which have been found in exhumed dead bodies.

The name given them by Prof. Selmi, of Bologna, is derived from their origin.

According to him, there is not merely one unique cadaveric alkaloid, but several, plainly differing from one another in properties and reactions.

They are found especially in the intestines and in the various viscera, and it can be readily seen that their presence complicates the search for other alkaloids. Hence the chemist will be obliged in the future to submit the alkaloids which he may have obtained to new reactions, in order to distinguish them from ptomains, and not to leave any doubt in regard to the result of his work.

In this way an error, committed by certain Italian experts, who mistook a ptomain for a veritable vegetable alkaloid, will be avoided.

Ptomains, toxic or non-toxic, are of the utmost importance to the analytical chemist.

If toxic ptomains be mixed‡ with the poison found by experts,

\*Review of French and Foreign Works, Annales D'Hygiene, Nov'r., 1880.

†Husemann, *Schmidts' Jahr bucher*, June, 1880.

‡"Mixed" in the body is here meant—not by persons conducting experiments.—C. M.

it can be readily seen that the effects of the poison on animals may be changed or masked by their presence, according as they are similar or antagonistic to the poison with which they are associated.

Without regard to the medico-legal importance of these ptomains, a thorough knowledge of them is valuable, in that it may serve to clear up many doubts about poisonings from substances taken as food and from putrid infection.

We are scarcely able to doubt that there is a ptomain in the altered product of the secretion of sores, since Panum has shown that there is formed in putrescent liquids, besides a narcotic substance, another matter of albuminous origin, soluble in water, but insoluble in alcohol, resisting the heat of boiling, efficacious as a ferment, and toxic in very small doses. This discovery has been confirmed by the crowning experiments of Henmer and Schweninger;\* Bergmann and his pupils have completed the matter by isolating from putrescent matter a basic substance, sepsine, which produces in animals symptoms similar to those observed in septicæmia.

More recently Sonnenschein and Zuelzer have found in anatomical macerations, an alkaloid resembling greatly atropine in its physiological action, notably in its effect in dilating the pupils. Next, Aeby & Schwazembach, using the process of Trumpy, have isolated from different parts of the cadaver, substances of tetanic properties (*tetanisantes*.)

Husemann has found (in them?—C. M.,) properties resembling those of the substances which Lombrose and Erba extracted from putrefying maize.

Brugnatelli and Pellogio attribute a toxic action to an alkaloid developed in maize during the heat of the month of June in Italy, and which they call pellagrocéine.

Lembroso has already shown the action of this substance(?) [literally—*of the extract of maize*]—possibly different from the putrefactive matter?—C. M.] in different cutaneous affections, such as psoriasis and eczema.

The development of tetanus is, perhaps, merely due to the for-

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\*Archiv. fur Pharmacie XIII. 3, page 169, 1880.

ma**tion** of one of these substances in the product of the secretion of w**ounds**, under the influence of micrococcus. This explanation at a**ny** rate is the only admissible one for cases of epidemic tetanus, occurring exclusively in certain wards of a hospital.

Ranke in a recent work on "Strychnia in putrefying dead bod**ies**," has shown the error that might be committed in testing the poi**son** physiologically on frogs, without taking into consideration the ptomains which may be formed in the dead bodies.

Pellagrocéine is not the only ptomain which exerts an influ**ence** over the skin. Eruptions which appear after eating decayed fish, would seem to be caused by a ptomain developed in such con**ditions**.

For the same reason we are obliged to admit that ptomains ex**ert** an influence upon the intestines, for often choleriform symp**tom**s are noticed in poisonings from fish, putrefied cheese, canned me**ats**, etc., etc.

Zuelzer found in the bodies of persons who had died from typhus, the same alkaloid which he and Sonnenschein had isolated from their anatomical macerations.

In many cases of poisoning from decayed food, we find a great res**emblance** to typhus, not only in the symptoms but in the lesions, a**nd** such was notably the case in Andelfingen, Switzerland, where a p**erson** was poisoned by a ptomain, which had developed itself in ve**al**.

Near Heiligenstad, recently, some children died from the effects of eating cheese containing ptomains; the autopsy showed evident les**ions** of typhus. The same was noticed in an analogous case in 1878. Champignons of the *aspirgillus* species are without signifi**cance**, also the vibrions met with by Hoppe-Seyler in a poisonous sa**usage**; inasmuch as the most skilful micrographers have since be**en** unable to find organized elements, either animal or vegetable, in many other sausages, equally toxic.

Many persons in France have been seriously poisoned by eat**ing** English canned meat more or less old—say, two years or thereabouts—a poisoning analogous to that caused by sausages.

The cans which contained the meat were opened several days be**fore** their contents were used, and the meat thus found itself ex-

posed to a prolonged action of the atmosphere at an elevated temperature, after having been deprived of oxygen for two years. This is precisely the case with sausages; their envelope protects the interior from oxygen, but as soon as they are cut they acquire toxic properties in a very short time.

We may suppose ptomains to be formed in the same manner in exhumed cadavers, which in their coffins are more or less completely deprived of oxygen. Lastly we may explain in the same manner the formation of poison in cheeses and in salt fish—the latter being analogous to the poison of sausages, but much more energetic, having caused in Russia numerous deaths.†

Finally it would be suitable to extend the name of ptomains, which Selini has placed upon alkaloids extracted from dead bodies, to all alkaline substances developed in putrefying matters, either exposed or non-exposed to the atmosphere.

Dr. Hubert has arrived at wholly different results in his work entitled, "Poisoning by meat, a special study of the typhus epidemic at Kloten."\*

Under the name of *poisoning from meat*, Hubert classifies a group of affections, characteristic of infectious diseases, but presenting the following peculiarities:

1. The infection does not appear in man, except from the ingestion of animal matters, especially meat.

2. The affection appears suddenly, like an epidemic, after transmission.

The specific poison is identical, but not analogous to that of variola. After an incubation, varying from several hours to a week, accompanied by debility and chills, there appears:

1. In the digestive system: vomiting, abundant diarrhœa, then constipation, abdominal pain; the stools have a fetid odor.

2. Nervous phenomena: erethism, insomnia, delirium, convulsions, palpitations, etc.

3. Exanthems, such as rubeola, erysipelas even phlegmonous with swelling of corresponding ganglions.

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†Etudes expérimentales sur l'action des substances en putrefaction.

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\*Deutsche Archiv für Klinische Medizin XXV., 1880.

4. Fever more or less intense, temperature jumping suddenly to 40-41 C., with or without remissions or collapse.

The convalescence is long and often interrupted by relapses. Anatomical lesions are found in the alimentary tract: stomach, ileum, cœcum and colon.

There are often hemorrhages, while the lymphatic apparatus is tumefied, infiltrated, or hemorrhagic.

Lastly the spleen, the liver, and the kidneys are tumefied, and abscesses may form in diverse parts of the body. Lobular pneumonia and suppuration of the serous membranes are often present as complications.

Hubert, in consequence of these facts, believes that he can differentiate between this malady and typhus, and finds in it more resemblance to splenitis, intestinal mycosis, septicæmia, and pyohæmia.

He has, moreover, under consideration the epidemics of Andelfingen, Wurzen, Werdan and Kloten, and combats the opinion of Huguenin, who deems this last (the Kloten epidemic) a typhic malady.

He believes now the more that it resulted from troubles (*accidents*), analogous to those arising from the ingestion of putrefied meat.

Of all zymotic diseases (*zoonoses*) transmitted to man, *intestinal mycosis* is the one which most resembles poisoning by putrefied meat, bearing in mind the fact that, under the name of mycosis, we do not merely understand splenitis, but also other diseases which although analogous, yet have a physiomy of their own.

It would be possible also that the bacteria which are developed in these cases would exercise some influence, and that the symptoms would be different according to the species of bacteria present.

Professor Falck has also devoted a chapter of a recent work\* to this question of the decomposition of meat. He takes a historical view of it:

Orfila & Foderé classified putrefying meat among the poisons (1813-15); Gaspard (1822), then Magendie & Stich (1823), studied

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\*Jahrl. CLXXXI, 22-24; CLXXXIV, 27; CXXXV, 21.

the physiological action of putrescent matter. Panum began his studies upon the same subject in 1855, to complete them in 1874.

He was followed by Hemmer, Raison, Schwenniger (1866); Muller Schmitz, Weidenbaum (1867); Fischer, Bergmann, Schmiedeberg (1868); A. Schmidt, Zulger, Sonnenschein, Petersen (1869); Ravissch, Riemschneider, and Kehrer (1874.)

The general conclusion to be derived from these works is that from meat and other putrescent matters (blood), can be extracted a very toxic substance, to which Panum has given the name "putrid poison."

Schmiedeberg and Schmidt have isolated a crystalloid substance called sepsine.

This poison is soluble in water, insoluble in absolute alcohol; the aqueous solution is precipitated by several substances, notably by tannin; boiling does not diminish the power of the poison.

1 to 4 centigr. of this substance cause death in a dog with violent convulsions and a strong dilatation of the pupil. Panum deems the bacteria found in such meat as wholly without action.

According to Falck, it is extremely probable that in putrefying muscles a large number of ptomains, practically unknown to chemists are formed.

In regard to poisoning by sausages, Falck remarks that the irrational\* method of preparing this food used in Wurtemberg and Baden, helps the formation of ptomains greatly.

The cooked meat is hashed fine, then mixed with blood, liver, cerebral substance, bread, milk and other things, after which the whole melange is introduced into the intestines and cooked, then exposed to the action of smoke, which impregnates merely the periphery, leaving the centre exposed to putrefactive change; an alkaloid peculiar to this substance is then doubtless formed.

Poisoning by sausages is confined almost wholly to Wurtemberg and Baden; cases of this kind are seldom if ever found in other parts of Germany, in England or in France.

Kerner in 1822 collected accounts of 155 cases, of which 84 were mortal; from 1793 to 1817, 234 cases had been counted, of which 14 were mortal; Schlossberger counted in Wurtemberg in 1853, 400 cases, of which 150 were mortal.

The mortality therefore is about 40 %.

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\*"Irrational" is rather a mild adjective here.—C. N.

The very large number observed in the spring (April), is explained by the fact that the peasants killed their swine in December and January, and eat their oldest sausages in the spring.

The first symptoms of poisoning appear rather slowly, 12 to 48 hours after ingestive of the food; they are, redness of the buccal mucous membrane, vomiting, diarrhœa, alternated with constipation, pain on abdominal palpation, and often colic. The patient rapidly grows worse; he has œdema, and hyperæsthesia. The pulse is infrequent and very feeble, the voice hoarse; often aphonia is present and sometimes coughing is noticed.

Moreover we often find vertigos, headache, buzzing in the ears, diplopia and pupillary dilatation.

Death supervenes generally anywhere in from four to eight days, rarely later.

Recovery is very slow.

Cadaveric change in these cases does not seem to be unvarying.

We must rank poisoning by shell fish in the same category with poisoning by sausages.

We may distinguish four forms of poisoning: the *gastric* form, where we find nausea, vomiting, more or less frequent, constipation or diarrhœa, abdominal pains, sometimes traces of an exanthem upon the skin; in the *exanthematous* form, the second variety of poisoning by these substances, and that which is most frequent, we notice redness of the scarlatina type, occupying a more or less considerable part of the integument with a sensation of prickling (probably, *formication* meant here.—C. M.), often urticaria, sometimes œdema of the face or of other parts.

We may note also digestive troubles, derangement of the circulation and of innervation; the *convulsive* form and the *paralytic* form are the rarest; Falck has observed a mortal case of this latter variety.

The duration of poisoning by shell fish is very variable; from one to eight days and more. Death is not infrequent.

Dr. Neumann† has published accounts of many cases of poisoning by *corned beef*.

It seems that the agent here is a metallic poison, some salt of lead coming from the solder of the cans containing the meat.

We may regard as belonging to the history of ptomains, the works of Rudolph Emmerich and of Gust Simon (Heidelberg), who have studied experimentally the action of diverse liquids, such as impure water from the Munich canal, urine, dunghill juice, fecal matters suspended in water, etc., employing them in subcutaneous injections on animals.

\*Review of French and Foreign Works. Annales d'Hygiene, November, 1880.

†Aerzt. Mittheil, Ant. Baden XXXIII, 2, 1879. zeits. chrift. F. Biol. XIV, 4, page 563 1878.

## Book Notices and Reviews.

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E. A. LODGE, SR., M. D., DETROIT, MICHIGAN, EDITOR.

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Any book noticed in this department will be forwarded by mail, prepaid, on receipt of price at the office of this journal.

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*A NEW FORM OF NERVOUS DISEASE, together with an essay on Erythroxylon Coca. By W. S. Searle, A. M., M. D., Fellow of the Medico-Chirurgical Society of New York, etc. Fords, Howard & Hulbert, New York, 1881.*

In this age of nervous diseases every contribution to the literature thereof will be read with interest, and when we have a treatise on a *new form of nervous disease* by a decidedly practical man, it is worthy of special consideration.

Dr. Searle has an exceptional right to be heard, in that he himself is a subject of the disease on which he has written. Indeed, his own case was the first instance of the *new nervous disease* which came under his notice, and though he was prescribed for at its first invasion by the late Carroll Dunham, and subsequently by myself, neither of us recognized a *new form of nervous disease* as having come within our ken. Perhaps this oversight will indicate one danger which ever besets the homœopathic therapist, namely, he is so intent on finding "the remedy" that he forgets to diagnose the disease.

Dr. Dunham prescribed *Petroleum*, and advised a subsequent study of *Carbo anim.* and *veg.* *Petroleum* was taken, and with only temporary benefit. Discouraged by the failure of our *facile princeps*, Dr. Searle then applied to Prof. W. A. Hammond, and for four months took a hell-broth which only palliated, "while the general health became so much impaired that he then desisted." I am fain to ask what Dunham could have done in "four months"—and Dr. Searle will surely allow that Dr. Dunham's brief trial was not such as his merits deserved, and the *new form of nervous disease* demanded. After Hammond's failure the writer was applied to, and the use of *Carbo anim.* 30, elicited a psalm of thanksgiving from

the sufferer. The benefit, however, was not permanent, and in despair Dr. Searle began to "play it alone."

The final result is the work before us, and surely its genesis commends it to our earnest attention, for a physician has utilized his own sufferings for the good of the race.

Let us now specify this *new form of nervous disease*, and in Dr. Searle's own words:

"It is characterized by two principal phenomena, one or both of which are always present in any case, and both of which are sure to occur, sooner or later, if the disease is not cured.

"One of these phenomena is a sensation of sudden *shock*, or *blow*, or *explosion* in some part of the head. This is usually located in the occipital region, and it is sometimes preceded by something similar to the aura of epilepsy. In many instances, however, no aura is experienced. The shock may also be located in other parts of the head. It is almost uniformly accompanied by *intense vertigo*. The other distinctive phenomenon is a condition of passive congestion, usually of the cerebellum only, but sometimes extending on the other side, to the cerebrum, and on the other, to the upper portion of the spinal cord.

"The shock is always followed, and sometimes preceded by the congestion; but the latter is always aggravated by the occurrence of shock. The congestion is very protracted. It may precede the occurrence of shock for a year or more, and it often fills the entire interval between the shocks, but it is usually the first of the two phenomena to disappear in the progress of cure.

"Negatively, this disease is characterized by the absence of convulsions of any kind. There is no frothing at the mouth; no biting of the tongue; no pallor followed by flushing or lividity of the face; no enlargement of the pupils; no drowsiness nor mania follows the attacks; and, although the shock may be so severe as to cause the patient to fall, it very rarely produces a loss of consciousness.

"On the contrary, when the shocks occur during sleep, as they are very prone to do, the patient is roused from the deepest slumber to instant and vivid consciousness, and must court and woo renewed oblivion as if he had not been in that condition at all."

From these details Dr. Searle deduces the following *theorem*:

*"There is a new form of disease—one never before described in books and comparatively recent in occurrence—which, although it may be called epileptiform, is not epilepsy nor epileptoid, i. e., never develops into epilepsy. It is a disease which does not involve destruction or impairment of mental power, nor mania; it seldom produces unconsciousness; it is marked by decided symptoms not to be found in cerebral hyperæmia, neurasthenia or epilepsy: from it are absent many of the conspicuous and distinctive symptoms of these diseases; and it is almost or quite always curable."*

After numerating twenty-one cases, Dr. Searle considers the etiology of this disease, and says: "what, then are the predisposing causes? I frankly confess that I do not know. But, since we have the testimony of so extensive an observer as Charcot, that he has never seen an instance of it, and as I am not aware that any English or continental writer has ever described a case of the kind, I am inclined to consider it as one of the results of American civilization, and to set it up as one of the many finger-posts, which are rapidly being erected here, pointing to the truth that we live too fast in this country." And, thus, he wisely adds: "Still, this cause cannot be a direct one; for the variety of age, sex, and occupation seen in the above record forbid any such deduction. It must be an outcome from very complex and far reaching causes.

"Among those already suffering with the malady, the exciting causes of fresh attacks are various. Of these, indigestion is prominent.\* Mental anxiety and overwork may also be mentioned. *But the emotion of anger seems to sustain a very peculiar relation to the attacks. In most instances, other emotions may be aroused with comparative impunity or even with temporary benefit, but that of anger is sure to precipitate a relapse.* I cannot explain why this should be so."

The italics are our own and we use them to call attention to an *exciting cause*, which serves to designate the pathology of the disease.

Our author then gives an *analysis of symptoms*, of which we

\*There exists a mutual reaction between the brain, the spinal cord, and the intestines; through this it is often difficult to decide in which part the disease has originated." VAN DER KOLK, *Pathol. and Therapeutics of Mental Diseases*, page 126. S. A. J.

cite only the summing up:—"We have shock, congestion, and vertigo as the great leading characteristics. While, conspicuous by their absence, are convulsions, disturbances of the pupils, the epileptic outcry, frothing at the mouth, stupor or mania, decided intermission of symptoms or free interval between the paroxysms, and, in most cases, loss of consciousness."

The *pathology* is next considered, and with these conclusions: 1. That, "It appears to be congestion of a passive form." 2. "Usually of cerebellar congestion only."

*Prognosis* is always favorable. Under *Diagnosis* Dr. Searle gives a differentiation between epilepsy and epileptoid, and the *new form of nervous disease*. He also distinguishes it from cerebral anæmia, and does not accept Hammond's view, that it is in essence a *cerebral* hyperæmia. He concludes with the general, specific and antipathic treatment; of which we may frankly say the specific treatment is incomplete—with the antipathic we have nothing to do.

Dr. Searle specifies *Argentum met.*, *Crotalus casc.*, *Glonoine*, *Naja tri.*, and *Sarracenia* as the chief remedies.

As related to the shock: *Digitalis*, *Ginseng*, *Kalmia*, *Lycopodium*, *Tabacum*, *Zincum sulph.*

As related to the congestion: *Calcareo carb.*, *Carbo veg.*, and *animalis*, *Ferrum*, *Petroleum*.

There is also some testimony favorable to *Erythroxylon Coca*, which has probably done its work in this way: by decreasing tissue wear, or disintegration, for a length of time, enfeebled nerve-centres have recovered tone.

With a few remarks on the pathological condition in the *new form of nervous disease*, and with our opinion upon the disease as a disease, we will commend the book to the reader.

The effects of anger as an exciting cause, clearly demonstrate that congestion is the pathological condition underlying the most prominent phenomena.

"In anger and revenge, the blood is impelled into the smallest capillaries, so that those which seldom carry red blood are injected, and hence redness of the face, increased temperature of the whole body, hemorrhages, a full pulse, rapid and violent breathing and panting, livid lips, and analogous phenomena. \* \* \* \*

"In virtue of the general connection of the physical, mechanical and animal forces of the body, there arise also from this great disturbance of the vital movements, an immoderate agitation of the blood, suffocative catarrh, inflammations of the viscera and of the skin (roseola), apoplectic siezures from rupture of the cerebral vessels, delirium from inflammation, particularly of the brain, violent fevers, &c. \* \* \* \* \*

"The angry individual acts, therefore, as he would if inflicting revenge; he strains all the organs subservient to self-defence and combat, particularly the hands, arms, tongue, voice, often as if really in conflict with his enemy; so that convulsions, tetanus and paralysis, or even epileptic paroxysms may result."\*

"Anger being properly a passion compounded of several emotions, these mixed phenomena admit of explanation. The clonic spasm of the muscles which manifests itself in tremulous motions, indicates the struggle in the conflicting excitement; this excitement urges the circulation to the utmost vehemence; the respiration keeps equal pace with it, so that in the most violent cases bursting of the heart, and even pneumo-thorax take place. \* \* \* \*

"A single fit of anger, on the contrary, causes the death of others (as Valentinian and Attila), by hæmorrhage or apoplexy.

"In the first place, it is always the activity of the vessels, and through it the contents of the vessels, namely, the blood, and primarily the arterial blood from the heart, which take here the pathological initiative. Hence congestion, symphoresis, inflammation, stasis, hyperæmia, hæmorrhage, retentions, altered secretions and excretions, and apoplexy."†

Lastly, to quote a noted pathologist, *Van der Kolk*, in anger "the highly excited mind reacts energetically on the brain, and through it on the whole nervous system, and on account of the direct communication of the latter with the circulation and with the other functions of organic and animal life, the whole organism is set in tumultuous excitement, as the next consequences of which violent palpitation of the heart and congestion towards the head occur."‡

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\*The Principles of Physiology. Unzer, page 173. Old Sydenham Society. London, 1851.

†Principles of Medical Psychology, Von Feuchtersleben. Page 142 et. 189. Old Sydenham Society. London, 1847.

‡The Pathol and Therapeutics of Mental Diseases. Van der Kolk. Page 49. London, 1870.

Dr. Searle can now readily explain why "anger is sure to precipitate a relapse." Given a certain extra degree of congestion, and the previously existing hyperæmia suddenly culminates in the three prime features of the *new form of nervous disease*, viz.: shock, vertigo, and congestion.

Thus the effects of anger establish the previously formed opinions of Dr. Searle and Prof. Hammond that the disease is in its essence congestive.

That it is not a condition of anæmia is denoted by the absence of spasm and convulsion; and, so far as the "shock" of this disease is regarded as a "discharging lesion," it would appear that the opposite conditions of anæmia and hyperæmia can give rise to the said "discharging lesion."

This "discharging lesion," it must not be forgotten, is only an hypothesis put forth, first by *Van der Kolk* (not Hughlings Jackson), to explain the explosiveness of the epileptic attack, and we now learn for the first time that a "discharging lesion" of certain nerve-centres can cause vaso-motor spasm in one instance, and vaso-motor paresis in another. What is there in the quality or the quantity of the discharge to determine the difference? Only that difference which at the time exists *in the tendency of the vessels to spasm or to paresis*. In epilepsy this tendency of the vessels it towards spasm, in the *new form of nervous disease* it is towards paresis.

This, then, justifies Dr. Searle's conclusion that the *new form of nervous disease* is neither epileptic nor epileptoid in its nature. That it is epileptiform is shown by the explosive character of the "shock."

That Dr. Searle has discovered *a new form of nervous disease, definite in its elements*, does not appear to us fully made out, and this may be due to too limited observation. Only twenty-one cases are recorded, and we cannot recognize all of these as being of the type which our author endeavors to establish.

On analyzing Dr. Searle's description of the disease we find only one constant phenomenon—the congestion.

This alone would never have arrested his attention as constituting a *new form of nervous disease*. When he was able to asso-

ciate with a certain permanent degree of congestion, the *shock* and the *vertigo*, it began to take shape with him as a pathological entity.

But his description is too full of negatives for acceptance as a definite form of nervous disease. For instance, the aura is not constant, and the "thrill" is noticed as both centripetal and centrifugal.

The shock is not constant; the conditions under which it occurs, are not identical, nor is the *locus* of the shock uniform.

The shock is not always accompanied by vertigo, nor is the order of shock and congestion uniform.

The irregularity in the aura is not a vital objection, the other disagreements are worthy of consideration. For instance, a shock occurring when falling asleep, or when asleep, and one happening when awake and about, take place under widely different conditions of the cerebral circulation. The variation in the location and character of the shocks and in their concomitants, evinces the occurrence of this phenomenon under differing conditions of structure and function.

One thing, however, is certain, namely, that Dr. Searle is the first to call attention to this phenomenon of shock in nervous disease. That it is an element of only one and the same disease, does not from the evidence appear to be established. Should he be able at some future day to establish an unequivocal connection between congestion, shock and vertigo, he will then have discovered an *epileptiform vertigo*, which will be as justly called Searle's Disease as *labyrinthine vertigo* is named Meniere's.\*

The therapeutics of this condition, as far as known, is by no means elaborate. From purely pathological considerations the Amyl nitrite should be a remedy *par excellence*. It produces as sudden a vaso-motor paresis as that to which is ascribed the explosive shock in this disease. That it will prove to be a radical remedy we do not anticipate. But, that Searle's Disease is a direct offshoot of debility is plainly apparent, and the Amyl nitrite may

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\*Besides congestion, shock and vertigo, we should look for other 'constants,' and in the cases which seem to be most nearly typical, these are the cold hands and feet, the necessity of lying with the head higher than usual, the amelioration from food and stimulants, and the aggravating effect of anger as a brain congestant, and of lying on the back as conducive to cerebellar congestion.

The fulfilment of these demands will exclude very many of Dr. Searle's twenty-one cases.

As this matter now stands, Dr. Searle has only established the fact that intra-cranial "shock" is an element of several forms of nervous disease.

Will Dr. Searle study the relations of the cerebro-spinal fluid, and the choroid plexuses to the shock and vertigo, and also bear in mind the relation of the auricular labyrinth to vertigo?

keep off the explosions until a restorative treatment shall have abolished them by removing the condition on which they depend. Such treatment is only second-rate, but now we have only the substantives of the disease; when we have discovered its adjectives they will designate the similimum in each instance.

S. A. JONES.

ANN ARBOR, June 25th.

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*THE NEW TESTAMENT OF OUR LORD AND SAVIOR JESUS CHRIST.—Comparative Edition. Philadelphia, Porter & Coates, 1881. Price \$1.50. Sold by D. P. Work, Detroit.*

This issue contains the translation of 1611, commonly called King James' with the revision of 1880, arranged in parallel columns. It will be found very convenient for reference and comparison. Printed in good, clear brevier type, on fine paper and neatly bound, the price \$1.50, for a 12 mo. vol. of 690 pages, is remarkably cheap. The recent revision has been well received, and will doubtless grow in favor. It has been welcomed by the churches much more warmly than the 1611 revision was when it came from the press: that came into general use on account of its intrinsic excellence, the revision of 1880 being greatly superior will doubtless gradually supplant the other.

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*THE CHEMISTRY OF MEDICINE, PRACTICAL.—By J. U. Lloyd. Cincinnati, Robert Clarke & Co. Price \$2.75 cloth, \$3.25 leather.*

We made a notice of the first edition of this work in our June number. It appears that the first edition was exhausted within a month of publication, which encouraged the author to print a second edition with many improvements. We are glad to hear that the book has been adopted by the Pulte and about one dozen other medical colleges, and this without any solicitation of the author. This speaks unmistakably as to its merits. We are glad to find that this second volume is printed upon laid paper of a fine quality, and the binding is much better than the first edition.

## Practice of Medicine.

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C. P. HART, M. D., WYOMING, OHIO, EDITOR.

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### 2.—SPASM OF THE GLOTTIS.

No other disease, perhaps, has received so great a number and variety of names as *spasm of the glottis*—a circumstance arising chiefly from the great diversity of opinion entertained concerning its pathology. Not to mention the more vulgar appellations, such as “inward fits,” etc., it has been called “Kopp’s Asthma, Miller’s Asthma, Thymic Asthma, Laryngeal Asthma, Cerebral Croup, Spasmodic Croup, False Croup, Suffocative Catarrh, Spasm of the Chest, Carpo-pedal Spasm, Goitre of Infants, Child-Crowing, Laryngismus Stridulous and Spasm of the Glottis. As we shall presently see, many of these names are misnomers, the disease having no affinity with either asthma, catarrh, or croup.

**SYMPTOMS.**—Spasm of the glottis is confined to infancy and early childhood. Generally, there are no premonitory symptoms, at least of a marked character, the child being suddenly seized with a fit of suffocative breathing, becoming dark-red or purple in the face, with red, watery and protruding eyes, the head drawn back, the hands clenched, the toes bent in, and the whole body struggling in the agony of suffocation. This condition, after lasting a minute or two, is followed by a forced inspiration, attended by a loud crowing sound, produced by the violent rush of air through the narrow chink of the rima glottidis. After the fit, the child, exhausted by its violent struggles during the paroxysm, generally falls asleep; but on awakening, appears weak, pale and irritable. In some severe cases, the paroxysms recur at very short intervals, being repeated as often as thirty or forty times a day, but generally they occur far less frequently, especially at the commencement, happening, it may be, not oftener than once a day, or once in several days, but increasing in frequency and severity as the disease progresses.

Unless the disease is severe, the child generally appears well,

or nearly so, during the intervals between the paroxysms, but when the fits are frequent, or the disease is complicated with intestinal disorder, convulsions, dentition, or gastric and hepatic derangements, the constitution sympathises with the disorder, producing more or less fever, with hurried respiration, quick pulse, coated tongue, unnatural alvine discharges, and a pale, unhealthy appearance of the skin.

After continuing a few weeks, the disease may subside, either spontaneously, or in consequence of the removal of some previous source of irritation, such as the cutting of teeth; but sometimes it proves fatal, either suddenly in one of the paroxysms, or, after long illness, in convulsions.

DIAGNOSIS.—Spasm of the glottis is liable to be confounded with whooping cough, and with croup. In spasm of the glottis, the cough, when present, follows the whoop, while in whooping cough it precedes it; besides, there is not, as in the latter disease, any expectoration, vomiting, or rattling of mucus in the chest.

The disease may be distinguished from croup by the paroxysmal character of the affection, since in croup the difficulty of breathing is constant, or nearly so; besides, in spasm of the glottis, inspiration only is arrested, but in croup, both inspiration and expiration are affected; moreover, in the former there is generally neither fever nor cough, but croup, on the contrary, is generally accompanied by severe cough and by fever; *hoarseness*, also, which is always present in croup, is generally absent in *spasmus glottidis*, though there is sometimes great hoarseness, produced, for the most part, by crying.

PROGNOSIS.—Spasm of the glottis is always a serious disease, and under allopathic treatment, has proven exceedingly fatal. Old-school writers generally admit a mortality under their system of practice of over thirty per cent; while some of them, as Gervino, Gardien and Dr. John Clarke, affirm that the patient rarely recovers. This, however, is not the case under homœopathic treatment; on the contrary, in our own practice, we have never lost a case of this disease, and the same may be said of many other homœopathic practitioners. The chance of recovery, however, will depend, to a great degree, upon the constitution of the patient, the special causes of irritation, and the particular character of the complications; as, if the child be scrofulous or weakly, the digestive organs much deranged, and the assimilative functions greatly im-

paired, and especially if cerebral complications exist, there can be but little hope, though recoveries have been known to occur even under these circumstances.

ETIOLOGY AND PATHOLOGY.—Much importance has been attached to an unusual development or swelling of the thymus and thyroid glands, as a cause of this disease. But as the enlargement of these glands has not been generally observed to be associated with spasm of the glottis, it is more probable that the spasm depends upon a reflex action, excited by some other source of irritation, such as teething, gastric or intestinal irritation, or pulmonary congestion, the disease, as before stated, having been frequently known to subside after the relief of such conditions. Such, also, is the opinion of Dr. Marshall Hall. He says:—"It originates in:

I.—1. The *trifacial* in teething.

2. The pneumogastric, in over-or improperly-fed infants.

3. The *spinal nerves*, in constipation, intestinal disorders, or catharsis. These act through the medium of

II.—The *spinal marrow*, and

III.—1. The *inferior* or *recurrent laryngeal*, the constrictor of the larynx.

2. The *intercostals* and *diaphragmatic*, the motors of respiration."

TREATMENT.—The facts just stated suggest what ought never to be lost sight of in the treatment of this disease, namely, the importance of correcting, as far as possible, every bodily function. This will be best effected by losing sight, at it were, of the local affection, and directing the treatment during the intervals between the paroxysms to the whole *ensemble* of symptoms.

#### SYNOPSIS OF TREATMENT.

1.—*During the Paroxysm.* Aconite, Sambucus; *these remedies may generally be advantageously alternated, and if promptly given will usually be found sufficient.*—Sanguinaria, Lobelia; *these remedies are generally promptly curative, when used low;* so, also, is *Moschus*; *Kali brom*—Belladonna, Gelseminum; *congestion of the brain*—Corallia; *scrofulous cases*—Ipecacuanha; *mucous rattling, with blueness of the face and sighing respiration*—Cham., Laurocerasus, Cup., Hyos., Opium, Puls., Verat. alb.

2.—*Chronic or Protracted.* Arsenicum, Carbo veg.; *great debility*—Phosphorus, Hepar-sulph.; *cough, with wheezing and soreness*—Phytolacca, Kali bic., Kali brom., Spongia, Tartar emet.

AUXILIARY TREATMENT.—*Lancing the gums* is one of the most efficient means of giving relief, whenever the disease depends upon the irritation of teething. The *warm bath* is also an efficient method of relaxing spasm, and should always be resorted to whenever suffocation becomes imminent. The local treatment recommended for croup (q. v.), is likewise beneficial in this disease, and should always be employed when needed. Additional remedies and treatment may be found under the heads of *Laryngitis* and *Asthma* (q. v.)

CLINICAL OBSERVATIONS.—*Phytolacca decand.*—Last winter my babe of about ten months, was taken with difficulty of deglutition, when nursing. This was partially relieved by Belladonna. But one day she was suddenly seized with a fit of suffocation, which seemed as if it would prove fatal. Then followed all the prominent symptoms of “Millers’ asthma.” Frequent spasmodic closure of the larynx; drawing of the thumbs into the palm; flexion of toes; distortion of the face; muscles of the eyes affected so that the motions of one eye were independent of the other, etc.

The prognosis of this disease has always been held serious—even the mildest cases at times terminating fatally.

With all a parents’ solicitude I searched the *Materia Medica*. The following remedies were successively tried, with no satisfactory result: Sambucus, Ipecac, Arsenicum, Opium, Tartar emetic, Gelseminum, Belladonna, Nux vomica, Kali bichromicum, Veratrum viride and Aconite. Some of these seemed to hold the disease in check, especially Sambucus, Ipecac., Tartar emetic, and Kali bichromicum, but after giving each a fair trial, there was no prospect of their curing the complaint.

After again trying some of the above remedies, by the advice of Dr. Ludlam, Sen., we removed the child to the country, and I renewed my search for the specific. I finally settled upon *Phytolacca decandra*, and preparing it—6 drops of the tincture to 12 teaspoonsful of water—gave a teaspoonful every hour. After two or three doses, the symptoms were aggravated, especially the spas-

modic contraction of the muscles of the eyes. Then ceased the *Phytolacca* and gave *Veratum viride* to antidote its effects.

The result of the experiment with *Phytolacca*, convinced me that it was the remedy, so on the next day one half the number of drops were prepared and given as before. The improvement was immediate and decisive, and within a week the disease had entirely disappeared.”—*Dr. A. M. Knapp*.

*Chlorine Gas*.—According to Prof. Dunham, who made a partial proving of this gas, it “produces a perfect medicinal picture of this disease.”

“An infant seven months old, well-developed and large; fourth child of healthy parents; was seized three weeks ago with spasmodic affection of the respiratory organs; would suddenly without warning, make a long inspiration with a slight crowing noise; attempt to exhale would fail; another crowing inspiration followed by forcible ineffectual effort to exhale. This succession of spasmodic efforts would follow each other till the child became blue around the mouth, and sank into partial unconsciousness; free respiration would then follow, and then a deep sleep. Sometimes convulsive movements appeared as the paroxysm was subsiding. Attacks came on after excitement, frequently during sleep, most common after midnight, as many as thirty or forty attacks in twenty-four hours. Emaciation progressing rapidly, losing appetite, strength, and playfulness; face pale and bloated; eyes dull and glossy. Homœopathic treatment and change of air had failed; an older child of the same family had died during the past year with the affection, terminating in four weeks in convulsions. In that case autopsy revealed no organic lesion; simply emaciation and atrophy. The disease had evidently advanced almost to the second or convulsive stage in which the prognosis is decidedly unfavorable.

A saturated solution of *Chlorine Gas* in water of 60° Fahrenheit was prepared, of this was made the first centesimal dilution, retaining still the odor of chlorine. Of this twenty drops were dissolved in four tablespoonfuls of water; a teaspoonful to be given in a porcelain spoon every two hours. A few drops to be placed in the mouth at the beginning of each paroxysm. Beginning at 4 P. M., June 24th, when the child had had forty paroxysms within the last twenty-four hours.

During the succeeding twenty-four hours there occurred but four paroxysms; only one of which began with any severity, and this one was instantly arrested midway by a few drops of the solution placed upon the child's tongue. During the night of the 26th not a single paroxysm. Appetite and playfulness returned, bloated aspect of the face and dulness of the eyes disappeared."—*Dr. Carroll Dunham*.

Dr. D. A. Gorton, of Brooklyn, publishes the two following cases in adults:

Case 1. Mrs. R., aged 60 years, a moderately stout, fleshy woman: florid complexion, sanguine temperament, hereditary predisposition to apoplexy.

For several years the lady has had annual attacks of this disease in its most aggravated form. In each instance death seemed imminent from asphyxia. The attacks last from three to six hours; come on suddenly; not unfrequently during sleep; without previous warning; generally in the early spring, in cool damp weather, and exposure to cold. They are relieved by application of moist heat, inducing perspiration.

The subjective symptoms are:—Violent strangulation; the attempt to breathe is accompanied by loud croaking, and sawing sounds; the patient is compelled to sit upright, with the chin extended; hoarse, harsh cough, when that effort is possible—mostly dry, aphonia, face puffed, alternating between bright and dark redness; lips and tongue bluish; pulse irregular, intermittent, sluggish; no fever. The attacks are followed by hoarseness and cough, which continue from two to three weeks.

Lachesis, Belladonna, Bromine, Iodine, Sambucus n., Tartar emetic, etc., have been administered, each in their turn, without any gratifying results. The first attack was promptly relieved by Lobelia inflata tincture in tea-spoonful doses, repeated every half hour until nausea and perspiration were induced. A subsequent attack was relieved with Bromine 30, and a sponge wet in hot water applied to the throat. The cough and hoarseness which followed subsided pleasantly under the influence of Sambucus niger 30. The last attack was relieved, after much suffering, by the fumes of slacking lime, at the suggestion of an allopathic physician.

Case II. Mrs. E., aged 30; nervo-bilious temperament rather

delicate in physique; highly sensitive to atmospheric changes. One side of the face was paralysed a few years ago by a fall on the back of the head; since which accident the lady has been subject to repeated attacks of "spasmodic croup. The attacks are preceded by exposure to cold, followed by loss of voice; barking cough; spasms of the glottis; suffocative dyspnœa; dysphagia. The strangulation, fever and crowing cough, simulate membranous croup, for which the disease has frequently been mistaken by various physicians.

Belladonna 30 affords prompt relief of the paroxysms. So also do compresses of hot water applied to the throat. The catarrhal cough which remains yields speedily to the action of Bromine 30.

*Inhalations of Ammonia.*—"Attacks of spasm of the glottis are much more violent than those of false croup, being accompanied by contraction of the muscles of respiration, especially of the diaphragm, and sometimes even by general convulsions. In the treatment of this affection there is rarely time to employ the various methods mentioned in the books, such as electricity, frictions, chloroform, etc., and consequently the plan proposed by M. Charon seems to be all the more practical. This physician states that inhalation of ammonia rarely fails to cut short the attack. He advises mothers, who have children subject to attacks of spasm of the glottis, always to carry a bottle of ammonia with them. He cites the case of the wife of a physician, who followed this advice, and whose child always rapidly recovered from the spasm with the help of ammonia. Unfortunately, one day she did not have her flask with her, and while she was looking for it the child died asphyxiated."—*Journal de Med. et de Chir.*

*Incarcerated Glottis.*—"In the summer of 1867, I had under professional care a scrofulous male infant, between two and three years of age, with protracted laryngismus stridulus; the suffocative symptoms, as described by the mother, being unusually intense. On one occasion an intense paroxysm occurred in my presence, and as it failed to yield to cold water dashed upon the face and neck, or to ammonia held in front of the nostrils, I plunged my finger deep into the child's throat and felt the epiglottis so forcibly drawn down by the spasmodic action of the aryteno-epiglottic muscles that its free edge had become wedged between the posterior face of the larynx and the wall of the pharynx, occluding the larynx

completely. Carrying the finger to the left side of the larynx I found it comparatively easy to free the epiglottis from its incarcerated position, and with the ensuing deep inspiration of air the impending asphyxia was averted. The nature of the difficulty was explained to the mother, who was instructed in the manipulation necessary to overcome it. The constitutional and other remedies, and other measures instituted in the hope of subduing the disposition to spasm were unavailing, and the child finally died some weeks later in a paroxysm similar to the one described.

The second case occurred during the spring of 1877, in a scrofulous male infant, nineteen months of age. I had the opportunity of verifying the same sort of incarceration of the epiglottis from spasmodic action, on special occasions, one of which was in the presence of an esteemed colleague, during a consultation held as to the propriety of performing tracheotomy, in view of the frequent recurrence of the paroxysms. Unfortunately it was determined to defer the decision for twenty-four hours, in order to test the efficacy of large doses of bromide of potassium; and shortly before the early hour fixed for the visit on the following morning the child died in a paroxysm, which the mother was unable to overcome by manipulation, although she had previously succeeded in elevating the epiglottis in several paroxysms.

I am inclined, therefore, to believe that the spasm of laryngismus affects the aryteno-epiglottic muscles, in some instances at least, as well as those muscles which close the glottis, and that the incarceration of the epiglottis, continuing after the relaxation of the spasm, may be an immediate cause of death.

In undoubted cases of this kind tracheotomy may be absolutely indicated as necessary to avert asphyxia in a recurring paroxysm of the spasm."—*Dr. J. Solis Cohen.*

### 3.—ASTHMA.

#### PHTHISIC; DYSPNŒA.

Although the term *asthma* is, strictly speaking, synonymous with *dyspnœa*, or difficulty of breathing, and is frequently so used, both in common parlance and by scientific writers, yet, with a view

to greater accuracy, and to avoid as much as possible unnecessary repetition, we shall restrict the term to those forms of dyspnœa that are essentially *spasmodic* and *non-inflammatory*. This will exclude the consideration, in this place, of those varieties of difficult breathing, which depend upon high inflammatory action within the throat and chest, such as is met with in laryngitis, croup, bronchitis, etc., (q. v.)

DEFINITION.—Thus limited, asthma may be defined to be, a difficulty of breathing, recurring at intervals, accompanied with more or less cough and expectoration, wheezing, and sense of constriction in the chest or throat, and usually unattended by fever, or high inflammatory action.

VARIETIES.—Of the various forms of this disease, we shall notice only the *simple* or *spasmodic*, the *nervous*, the *congestive*, and the *dry* and *mucous catarrhal*.

1. SIMPLE OR SPASMODIC ASTHMA.—Simple asthmatic attacks occur in paroxysms, with little or no precursory warning. In some cases, however, the patient, for a short time previous to the attack, and especially towards evening, feels languid and oppressed, yawning and dozing, with more or less flatulence, or distention of the stomach, and constriction of the chest. Sometimes the attack is preceded by irritability and restlessness, with dryness of the throat and nose, headache, and other evidences of slight fever, and, occasionally, there is an increased secretion of saliva and urine. Generally, however, the increased flow of urine, which almost always attends the complaint, does not come on until after the paroxysm sets in. Notwithstanding these premonitory symptoms, the nature of which is commonly well understood by the patient, the asthmatic generally retires to bed, and sometimes falls into a sound, but more frequently into an anxious and disturbed sleep. After some hours, it may be, of such rest, the patient is suddenly aroused by a sense of impending suffocation. He feels, as it were, a heavy weight upon the chest, producing a great tightness and constriction, that almost prevents its expansion. Gasping for breath, he is forced immediately to get up, and, panting and wheezing, he flies to one of the windows, which with the doors, he orders to be left wide open, where he sits, or out of which he leans, for hours, even in the coldest weather, anxious only to obtain a sufficiency of fresh air.

Although during the paroxysm the extremities are cold, and the face and trunk covered with perspiration, yet owing to the highly excited state of the nervous system, the patient seldom suffers, either at the time or afterwards, from the unusual exposure. During the height of the paroxysm, the patient, in the language of Floyer, "can neither cough, sneeze, spit, nor speak freely," though there is usually a dry, tickling cough, which is interrupted and imperfect, in consequence of the impeded respiration. The face is either pale or red, the countenance anxious and distressed, the pulse, though sometimes full and regular, is generally small, feeble and intermittent, and the action of the heart tumultuous. The bowels are generally spasmodically relaxed, and there is also a copious secretion of pale, watery urine. The characteristic symptom, however, is the distressing dyspnœa, produced by the painful constriction of the chest, and the consequent feeling of impending suffocation.

After the lapse of two, three or four hours, the intensity of the symptoms begins to diminish, and the inspirations become fuller and freer. The cough now becomes loose, and is attended by free expectoration, which is a sign that the paroxysm is undergoing resolution. Soon afterwards, the exhausted patient, relieved of his intense and long-continued suffering, generally falls into a refreshing sleep, and on awakening, finds himself for the present fully restored.

Sometimes the disease begins and ends with a single paroxysm; but much more frequently, another similar one occurs on the following night, and is followed by others in regular succession, for a few days, when, after gradually undergoing abatement, they cease altogether, and the patient is restored to his usual health. After the attack has ceased, there is generally more or less pain and soreness of the chest remaining, which in some instances resembles the stitch of pleurisy, but is easily distinguished therefrom by the history of the case. It is a kind of pleurodynia, caused by the violent action of the respiratory muscles, in the abortive attempt at breathing and coughing.

After a longer or shorter interval, amounting it may be to months, and even years, the patient experiences a fresh attack, which after running a similar course to the first, again subsides, to be followed in succeeding months or years by others, so as to be protracted through many years, and even through life. As a general

rule, their occurrence is not governed by any fixed law of periodicity, though in some few instances they have been known to return with marked regularity; as, for example, at the menstrual period, or at the times of new and full moon. Generally, however, there is great irregularity in the periods of their return, even in the same case, the intervals varying from a week or less, to several years; and sometimes, though very rarely, suddenly disappearing, never to return. This great diversity is no doubt owing to the sensitiveness of the patient to the influence of a multitude of exciting causes, and to the possession of a peculiarly impressible temperament. The latter is generally hereditary; and constitutes such a strong predisposition to the disease, that in some instances simple changes in the weather, odoriferous particles floating in the atmosphere, and even the change from light to darkness, or from one room to another, is sufficient to induce it. Less impressible constitutions are excited by irritating inhalations, such as dust, vapors or gas, or by violent respiratory efforts. Of course, whatever tends to debilitate the system, renders those who are predisposed to the disease more susceptible to the influence of the various exciting causes. Hence, masturbation, excessive venery, debilitating losses, mental depression, protracted illness, fatigue, and the indulgence of the passions, are all calculated to excite the disease.

Asthma is far more common in the middle period of life than in infancy or old age; and is said to be more frequent in the male than in the female. It is not confined to any station in life, affecting those in easy circumstances with about the same frequency, apparently, that it does the laborer, and those in humble life. Every nationality, also, is subject to it in about equal proportions, though it is said to be more common among those who inhabit the temperate regions, than among those who reside in very hot or very cold climates.

As other forms of asthma are, for the most part, merely varieties of the spasmodic, many of the observations just made will apply equally to them, and we shall therefore be very brief in our description of them.

2. NERVOUS ASTHMA.—This, as the name implies, is the asthma peculiar to nervous persons. It is mostly confined to females, generally depends upon some derangement of the menstrual

function, and is the same thing as the so-called *hysteric asthma*. The disease is frequently caused, and is sometimes instantly removed, by fright; indeed, mental emotion is a frequent cause of the complaint. Sometimes the disease seems to be purely sympathetic, some remote affection appearing to produce spasm of the bronchia through the cerebro-spinal system, or by reflex action. Of this nature, probably, are the purely hysteric cases above alluded to. Other cases, again, are symptomatic, depending upon some disease immediately affecting the pulmonary tissue and nerves, such as tumors within the chest, diseases of the heart, hydrothorax, etc.

3. CONGESTIVE ASTHMA.—This form of asthma, like the last, scarcely requires description, the name alone being sufficiently distinctive. As simple determination of blood to the chest is not usually attended with very marked dyspnœa, at least sufficient to constitute the asthmatic paroxysm, it is evident that something more than simple pulmonary or bronchial congestion is required to produce it; in other words, there must be some modification of the nervous condition of the parts involved, previous to the afflux of blood to them. Indeed, such is doubtless the case in almost every form of asthma; and this is what gives the disease its distinctive character. The congestion, therefore, is in these cases merely the exciting cause. Dr. Perry, in his *El. Pathol.* §474, cites a case where, without any previous disorder of the chest, the patient died in fifteen or twenty minutes, with every symptom of spasmodic asthma." Fatal cases, however, are very rare. Generally, the congestion is merely sufficient to induce the disease in those who are predisposed to it; in others, it produces simple dyspnœa.

4.—CATARRHAL ASTHMA.—This is a form of asthma that is complicated with, and depends upon a catarrhal state of the bronchial mucous membrane. Like the simple or spasmodic form, it is chronic, generally extending through life. When complicated with the disease called *dry catarrh*, it is called *dry catarrhal asthma*, or simply *dry asthma*; and when connected with the common mucous catarrh, it is called *mucous* or *humoral asthma*. Mucous catarrhal asthma is sometimes the sequel of the dry, but it is more frequently the consequence of repeated attacks of the acute, of which the congestive asthma above described is the most simple and common variety. In other cases, it is the sequel of bronchitis,

which is generally associated with it in the chronic form. This is the "humoral asthma" of old authors, and is most common in old age, though it is frequently met with in the young. Every fresh cold, by adding to the catarrhal condition associated with it, increases the dyspnœa, and renders the paroxysms more frequent and severe.

**PHYSICAL SIGNS.**—The physical signs of asthma change their seat with great rapidity, the various sounds appearing and disappearing in different portions of the chest during the paroxysm. The supra-sternal and supra-clavicular fossæ, the intercostal spaces, and the epigastrium, recede during inspiration, which is short and jerky; expiration, on the contrary, is prolonged and wheezing. The chest is greatly distended, and continues so during the paroxysm, there being scarcely any expansile movement. Resonance on percussion is increased all over the chest, and rhonchal fremitus may be felt, but vocal vibration is not very markedly affected. The vesicular murmur is almost entirely absent. The various kinds of sibilus and rhonchus, such as whistling, cooing, squeaking and surring sounds, with, occasionally, mucus râles towards the termination of the paroxysm. The appearances found after death are usually such as result from chronic bronchitis and emphysema, with dilatation of the right side of the heart.

#### THERAPEUTIC INDICATIONS.

*Aconitum.*—Anxious, short and difficult breathing, with spasmodic constriction of the air-passages; suffocative cough, particularly at night, accompanied with a hoarse or shrill voice; headache, with vertigo; bloody expectoration; great anguish; inability to lie down or to talk; palpitation of the heart; quick full pulse and red face.

Aconite is a valuable remedy in the congestive and nervous varieties of asthma, occurring for the most part in young plethoric persons, especially females with suppressed menses; also when caused by mental emotion, or by determination of blood to the chest.

*Arsenicum.*—Suffocative paroxysms, particularly at night, with panting and wheezing; painful constriction of the chest, with great anguish, expectoration of viscid mucus, violent palpitations, cold perspirations, and great exhaustion. The paroxysms are excited by

bad, rough weather, cold air, and change of temperature; and are aggravated by warmth and movement.

*Belladonna*.—Dyspnœa, with pains under the sternum, especially at night; dry, spasmodic cough; moaning respiration, sometimes deep, at other times short and quick; paroxysms of dyspnœa with loss of consciousness, red and flushed face, cardiac palpitation and anguish, and vertigo, especially on rising.

Belladonna is a valuable remedy for children, especially in congestive asthma, or where there is a full habit, with a predisposition to cerebral or spasmodic affections.

*Bryonia*.—Dyspnœa at night, or towards morning; frequent cough, with sharp pains in the chest; tickling in the throat, and expectoration of frothy or viscid mucus; aggravation from moving or talking.

This remedy is of special value in attacks of acute catarrhal asthma, after *Ipecac*.—(JAHR.)

*Cactus*.—Spasmodic dyspnœa, with constriction of the chest, and sense of impending suffocation; fainting, with feeble circulation, cold perspirations, determination of blood to the chest, and palpitation; worse at night, and on lying down.

Cactus is invaluable in cases attended with spasmodic action of the heart.

*Cocculus*.—Dyspnœa produced by spasmodic constriction of the air-passages; determination of blood to the chest, with palpitation of the heart, and a fatiguing cough, especially at night; hysteric spasms of the bronchia, with moaning, sighing and trembling.

This remedy is particularly adapted to hysteric females.

*Cuprum*.—Suffocative paroxysms of dyspnœa, with wheezing, whistling and rattling in the chest, short stifled cough, spasm of the abdominal muscles, determination of blood to the head and chest, palpitation of the heart, spasmodic contraction of the chest, attended with sighing, moaning and frothy expectoration.

Cuprum is particularly adapted to hysteric females, especially when the paroxysms are induced by fright or anger, or at the menstrual period.

*Eupatorium per*.—Dyspnœa, accompanied with anxiety, sleeplessness and perspiration; dry, hacking cough, with hoarseness and

roughness of the voice; soreness and heat in the chest, with inability to lie in the recumbent position, or on the left side; nausea and vomiting, with trembling and extreme prostration, copious flow of limpid urine, or watery diarrhœa.

Particularly adapted to acute catarrhal cases, complicated with considerable bronchitis.

*Ipecacuanha*.—Suffocative dyspnœa, especially at night, caused by spasmodic constriction of the air-passages; anxious and moaning respiration, attended with mucus rattling in the chest, palpitation of the heart, short, barking cough, lividness of the face, with panting breathing and spasmodic stiffness of the body; face alternately cold and hot, and covered with perspiration.

This remedy, like the last, is specially adapted to acute cases, particularly in children, or when there are large accumulations of mucus in the bronchial tubes.

*Kali hydriod*.—Dry, hacking cough, with great oppression of breathing, pain in the chest, and scanty expectoration.

This has been found to be a very valuable and reliable remedy in asthma, when used low, especially in protracted cases. According to Dr. Clark, old-school, the successful cases equal one-half.

*Lobelia inf*.—Paroxysmal dyspnœa, with a sense of fullness and tightness in the chest; deep, sighing inspirations, with a feeling of insufficiency; pain in the chest, increased by a full inspiration; short, dry cough, restlessness and exhaustion.

Suitable to nervous, and also to acute catarrhal cases, for which it is always a valuable palliative.

*Moschus*.—Suffocative dyspnœa, with spasmodic constriction of the chest, constant urging to cough, determination of blood to the head and lungs, and red, or cold and pale face, with perspiration.

Moschus is particularly adapted to the asthmatic attacks of hysteric females and children.

*Nux vomica*.—Paroxysms of dyspnœ, occurring at night or in the morning, and accompanied with a dry, racking cough, wheezing respiration, determination of blood to the chest, palpitation of the heart, heat and burning in the lungs, painful and anxious breathing, and a sense of constriction across the lower part of the chest; ame-

lioration of the symptoms by lying on the back, sitting up, or by changing the position.

One of the very best remedies for asthma when the digestive system is in fault.

*Opium*.—Suffocative paroxysms occurring during sleep, with choking and rattling respiration, spasmodic contraction of the chest, stifling cough, deep, stertorous breathing, and livid face.

Of special value in recent catarrhal cases; also in nervous asthma.

*Phytolacca dec.*—Dyspnœa, with aching pain, particularly on the right side of the chest; dry bronchial cough, with sensation of roughness in the trachea and large bronchi.

*Pulsatilla*.—Spasmodic dyspnœa, especially at night, with palpitation of the heart, sensation of choking in the throat, short, quick, rattling respiration, and frequent cough.

Particularly adapted to hysteric females, especially when the menses are scanty or suppressed.

*Sambucus*.—Suffocative fits of children, especially at night, attended by great anguish, wheezing respiration, livid swelling of the face, hands and feet, hoarse and hollow, or shrill voice, and profuse perspiration.

This is one of our best remedies in the acute catarrhal asthma of children, after *Ipecacuanha*.

*Tartarus stib.*—Suffocative paroxysms, especially at night, with fits of choking, determination of blood to, and rattling of mucus in the chest, palpitations of the heart, stifled cough, and anxiety.

*Veratrum*.—Suffocative paroxysms of dyspnœa, with spasmodic cough, determination of blood to the head and chest, cardiac anguish and oppression, nausea, anxiety, great prostration, cold perspirations.

This remedy can generally be relied upon to palliate an attack of asthma, even when it fails to effect a cure. It is particularly adapted to cases caused by uterine congestion from suppression of the catamenia.

**AUXILIARY TREATMENT.**—Asthma is such a peculiar and distressing complaint, that we feel fully justified, in many cases, espe-

cially in those of a chronic and hereditary character, in recommending merely palliative treatment. Of this nature is the use of narcotics and stimulants, such as coffee, tobacco, stramonium, etc. Sir John Pringle says that "Floyer, during the latter years of his life, kept free from, or at least lived easy under his asthma, from the use of very strong coffee; and he also assures us, on his own authority, that coffee is the best remedy for the asthmatic paroxysm that he has seen. He says the coffee should be made as strong as possible—"an ounce to the dish"—and the dose repeated every fifteen minutes. The coffee should be taken hot, and without sugar or milk. This practice is sanctioned by Drs. Bree, Reynolds, Ruddock, and others. The smoking of tobacco and stramonium leaves during the paroxysm is often very beneficial, especially the latter, the virtues of which are such as to entitle it, in the estimation of many old asthmatics, "to the first rank among the temporary remedies of asthma. (FORBES.) In some cases, particularly when tobacco is used, much nausea and vomiting, as well as vertigo and depression, ensue; and in some cases, also, instead of affording relief, they greatly aggravate the dyspnœa; hence, great care is necessary in the employment of these remedies, as fatal effects have sometimes resulted from a too prolonged and careless use of them.

*Inhalations.*—The inhalation of *Chloroform*, *Ether*, and other anæsthetic remedies, and that peculiar remedy, the *nitrite of Amyl*, will generally afford instantaneous relief during the paroxysm, but these agents are too powerful and dangerous to be entrusted to any but professional hands. Inhaling the fumes of burning *nitre* often gives speedy relief. Blotting paper, saturated with a solution of the nitrate of potassa, and allowed to dry, may be ignited and held near the patient; or a warm saturated solution may be used, the fumes of which are said to be equally efficacious.

*Galvanism.*—While electricity and magnetism have furnished little more than negative results in this disease, "strikingly good effects are at times witnessed from the employment of galvanism," (DUNGLISON.) It must be admitted, however, that, as a general rule the remedy is not a reliable one.

*Mineral Waters.*—Certain mineral waters have become famous for their beneficial effects in asthma. Some, as the chalybeate, doubtless owe their virtue to their tonic action. These, we

apprehend, will prove most beneficial to the pale, delicate, chlorotic class of asthmatics, to dyspeptic patients, and to such as are of a weakly, nervous temperament. Others, like the magnesian and other alkaline sulphates, by depleting from the portal system, relieve congestion of the pulmonary and bronchial membranes; while others, again, such as the sulphurous, act chiefly upon the skin and mucous tissues, relieving the hyperæsthesia of the bronchial membrane, relaxing the spasm, and restoring the parts to a more healthy action. But, says Sir James Clark, there is more difficulty in selecting a mineral water for the asthmatic patient than for any other; as the source most suitable to the diseases which complicate it, may be in a situation which decidedly disagrees with the asthma.—See remarks below on

*Climate and Change of Air.*—Nervous diseases are well-known to be increased or alleviated by a change of air, and asthma is no exception to the general rule. Indeed, such is the remarkable susceptibility of this class of patients, that very slight changes, as to distance, such as from one town to a neighboring one, from the city to the country, and *vice versa*, are often sufficient to provoke or to allay an attack; and this, too, when there is no appreciable difference in the nature of the climate or situation. We once had a patient who was unable to remain a day upon his farm, either summer or winter, though the distance from his town residence did not exceed three miles.

Sir Thos. Watson, in his lectures, mentions the case of an acquaintance who could sleep in one inn in Cambridge, and not in another; and who assured him that he never escaped an attack if he attempted to sleep in the back part of Meurice's hotel, in Paris, but never suffered if he slept in the front part of it. Many such cases are on record, but it is impossible to explain them on general principles. Indeed, the very atmosphere which is found deleterious to one asthmatic, is sometimes highly beneficial to another. For example, Dr. Bree speaks of a gentleman who could never sleep in the town of Kilkenny, in Ireland, without having an attack of asthma; while Lord Ormond, on the contrary, could never sleep any where else. These facts, with others of a like nature, would seem to justify the inference, that the best means of preventing an attack would be, for the patient to remove to a place where the

conditions of the climate and soil are of an opposite character to those in which he usually suffers. At the same time, there can be no doubt that, as a general rule, a mild, dry and equable climate is much more favorable to the asthmatic, than one which is cold, damp and variable.

*Diet and Regimen.*—There is no disease, perhaps, in which moderation in eating and drinking is of more consequence than in asthma. Indigestion is not only a very common exciting cause of an attack, but among the numerous complications, dyspepsia, with its long train of disorders and reflex actions, holds a prominent place. Hence, the diet should be regulated with the most scrupulous care, not only as regards quantity and quality, but the times for eating should be fixed and closely observed. Experience, and the nature of the complications, will determine the special character of the diet in particular cases; but as a general rule the more simple it is the better. Rich, highly seasoned dishes, heavy suppers, stimulating beverages, and every thing known to disagree with the patient, should of course be avoided. As the paroxysms generally set in at night, the principal meal should be taken early in the day, and the evening repast, if any, should be light, so that the process of digestion may be over before bed-time. Late hours are harmful, and so in every vicious habit, the indulgence of which weakens the nerves and lowers the tone of the general system; on the contrary, regular exercise in the open air, whether active or passive, is beneficial, provided it be taken an hour or two after meals, and not carried to the point of fatigue. Cold bathing, and especially the regular use of the shower-bath, has been found to be highly useful; but warm bathing, on the other hand, is generally hurtful. In a word, the observance of suitable dietetic and hygienic rules will do much to alleviate, and in many instances to prevent asthmatic attacks, even in the most obstinate cases.

CLINICAL OBSERVATIONS.—Among the remedies recently introduced, the most successful are *Grindelia rob.*, *Faboranda*, *Eucalyptus glob.*, and *Quebracho*.

“Dr. Arthur Berthold, of Dresden, prescribed *Quebracho* to a gentleman of sixty-five years who suddenly was taken down with a severe attack of asthma convulsivum. He was found in his easy chair, the upper body bent forward, holding spasmodically with his

hands the side-supports; his voice hoarse and short, the face of a deep red, the jugular veins prominent; and thus he tried to narrate the beginning of the attack, but the dyspnœa prevented him from doing it. The doctor immediately ordered tincture of Quebracho, of which he took a teaspoonful. At this time, 8 P. M., respiration was 60. He took the same dose twice in three hours, and at 11:30 P. M. patient was able to sit up comfortably, respiration 30, voice with better timber, face less injected, jugular veins hardly prominent. Next day patient was fully recovered from his paroxysm.

In fourteen other cases Berthold saw similarly good effects. A young man of twenty-five, suffering for years from emphysema pulmonum and periodical asthma, requested attendance on account of his asthma. Tinct. Quebracho, a teaspoonful every three hours. Next day no amelioration, but on the third day remission of the frequency of respiration. Former attacks prevented working for a week or two; this time he was able to resume work in five days. A nice palliative effect was seen on a lady of sixty, suffering from mitral insufficiency with stenosis, who was frequently attacked by most horrible dyspnœa, so that she had to sit up during the whole night. Quebracho shortened these attacks considerably and left her with longer intervals of ease. A similar effect was observed on an old minister of seventy-two, suffering from fatty heart with dilatation of the right ventricle, intermitting pulse and enormous dyspnœa at the slightest bodily exertion. The palliative benefit of Quebracho was decided. A lady of sixty-eight, also suffering from fatty heart and dyspnœa, found the same temporary relief from Quebracho, though the œdema always needed again the use of Digitalis.

In phthisical patients it also acts well in relieving the dyspnœa, though it shows no effect whatever on the original disease.

The extractum Quebracho spir., that is, the resinous residue, soluble in alcohol, is also an excellent remedy in acute and chronic diarrhœa, and has done good service in the diarrhœa of children.

Dr. Picot prescribed Quebracho in three cases of dyspnœa from pneumonia catarrhalis, asthma bronchiale and valvular affection. All three patients found subjectively great alleviation, and were well satisfied with its action. The frequency of breathing diminished in the patient with pneumonia catarrhalis, though the physical manifestations remained the same.

Shortly afterwards he made an alpine journey, and the ascension of the mountains caused great dyspnœa. He usually counts 16 respirations and 64 pulsations. During the first day of the ascension the respiration rose to 42, pulse 94, with a very disagreeable sensation of dyspnœa. On the second day, before beginning his journey, he took three powders—fifteen grammes, tincture Quebracho. The respiration rose only to 30, pulse 80. The excitation of the respiration was sooner quieted and he felt generally better, he breathed easier, and he could smoke during ascension, which was impossible on the first day. On the third day, when he took no Quebracho, the manifestations were exactly those of the first day. He experimented with the same happy result on a somewhat corpulent gentleman and nervous lady, both of whom suffered from dyspnœa when walking somewhat rapidly on even ground.”—*B. M. W.*, 52, 1879.

Commenting on the above, Dr. Lilienthal says:—“The action of Quebracho reminds one of Erythroxylon Coca and Eucalyptus Globulus. It is well known that Coca leaves are also used by South American mountaineers in order to stand the fatigue of travelling—that it satisfies the hungry and strengthens the weak. Allen in his *Encyclopædia*, Vol. III., page 380, shows us clearly the symptoms of dyspnœa produced by it; pulse increased from 70 to 134. The smoking as well as the internal use of the Eucalyptus has been recommended in chronic bronchitis, asthma (especially cardiac and aneurismal), and in advanced stages of ordinary severe cold. We would recommend a thorough and exhaustive proving of these three drugs, so that we may know how to differentiate between them.”

*Hypericum*.—“Stephen F. D., age about 65, nervous temperament, came under my treatment for asthma, in the summer of '77, after he had tried various treatments and many patent medicines which were recommended without being more than temporarily relieved. Was suffering with nightly paroxysms, much reduced in flesh and strength, could walk but a short distance. His history was as follows: Occupation, carpenter and builder; has been a strong healthy man able to endure hard work up to three years prior to his coming to me when he suffered from a severe attack of pneumonia. From this attack he dated his asthmatic difficulty.

His symptoms were: Headache commencing in the nape of the neck, comes forward over the eyes; worse over the left eye; hot applications relieve. Pain in the eye-balls with dimness of vision. Sensation as of a cavity at root of nose, dropping of clear water from nose, at times a thick white discharge.

Smarting tickling sensations in throat extending to the lungs on coughing; cold washing relieves.

Expectorates much whitish mucus, mucus tastes like lard or tallow. At times much difficulty in raising mucus. Dry wheezing cough. Eating sugar aggravates; some pickles relieve it. Cough worse after midnight. Sensation of faintness and a weak feeling in the lungs. Great difficulty in breathing; can inspire but can't expire readily. Nausea, cyanosis, profuse warm sweat, palpitation of the heart; has to have the doors and windows open; breathing and pulse rapid. At times is relieved by retching wind. Sharp stitching pain in both sides. Very restless during the attack, throws his head from side to side. Sensation as if a handkerchief were tied tightly about his neck.

Usually the attacks are much worse before a storm; damp south winds aggravate the condition. The cough which he has constantly is worse when exposed to the heat of the sun. Appetite poor. Good digestion. Action of bowels and kidneys normal; no mental depressions. Suffers much from cold feet and knees.

He was placed upon *Ars. cm.* for two weeks with some benefit. Then *Ars. 3 x trit.* was given with no improvement. *Lach. 3 x* was next used with a considerable amelioration of his paroxysms. *Carbo veg.* was also used. The case not improving as I desired, again his history was investigated thoroughly, bringing out the fact that just before he had the attack of pneumonia, he fell from a building, and when picked up was lying with the back of his neck across a joist. He remembered that for a long time much pain and tenderness was experienced in the cervical region. The history of the fall led me to think that possibly the asthmatic trouble was the result of spinal concussion. Hering gives this symptom for *Hypericum*: "Spasmodic asthmatic attacks with changes of the weather from clear to damp or before storms, after lesions of the spinal cord by a fall years before." *Hypericum 2 x* was given for four weeks with a rapid general improvement. The asthmatic paroxysms

came less frequently and light. His general health improved. Up to the present time (over two years) there has been no relapse. He works nearly every day, and experiences no difficulty in going about as he pleases."—*Dr. F. W. Adriance.*

*Arsenicum.*—"On May 12th, 1880, Mrs. B—— came to me, saying that she was perfectly well excepting a severe cough. Two and one-half years ago she had a severe fall, injuring the left side. Since that time, after a full inspiration, there has been a gurgling sound, like that of gas, in the left infra-mammary region. This has been constant since about the time of the injury. It was very marked, and could be heard at some distance from the patient. There was labored respiration, the vocal fremitus and percussion sounds were normal and the rhythm irregular. Sibilant râles were heard all over the chest. Mrs. B—— caught cold last September, and the asthmatic cough began in November. The expectoration was yellow and stringy. The cough was aggravated by exercise and talking. She usually coughed in paroxysms, with red face and a desire to "catch the breath." After severe coughing there was a feeling as of pressure in the abdomen, and a desire to void urine.—  
Diagnosis: Spasmodic asthma, with an abnormal condition (possibly that of constricted bronchia) in part, of the lower lobe of the left lung from traumatic causes.

Remedy: *Arsenicum*, sixth, six globules (No. 35) every three hours.

May 19th, 1880, Mrs. B—— said that she was very much better. Improvement began immediately. The coughing at night, which had kept her awake, first disappeared. For the past three days she had coughed very seldom, and then not spasmodically. The "gurgle" in the side, and the desire to void urine after coughing, had been absent for the past five days. *Arsenicum*, thirtieth, sixth pellets (No. 35) were prescribed every six hours, and the patient told to come again if not cured.

About September 1st I met her, and she told me that she had been well since about the time of her calling upon me at my office."—*Dr. W. A. Allen.*

## Colleges, Societies, &c.

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ALBERT LODGE, M. D., DETROIT, MICHIGAN, EDITOR.

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### CANADIAN INSTITUTE OF HOMŒOPATHY.

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#### THE ANNUAL MEETING IN HAMILTON.

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The annual meeting of the Provincial Association of Physicians of the Homœopathic School was held in Hamilton, in the parlor of the Royal Hotel, on Monday, the 13th of June, and was attended by quite a number of the profession. Among those present were: Dr. Jno. Hall, of Toronto, President; Dr. L. Luton, St. Thomas, Vice-President; Dr. J. N. Anderson, Hamilton, Secretary; Drs. Logan, of Ottawa, Morden, of London, Henderson, of Strathroy, Husband and Vernon, of Hamilton, members of the Ontario Medical Council; Dr. Cl. T. Campbell, London, member of the Provincial Board of Examiners; Drs. Adams and Evans, Toronto; Crawford, Chicago; Cowan, Guelph; McLaughlin, Dunnville; Nichol, Brantford; Bates and Emory, Hamilton, and others.

The following gentlemen were elected to office for the ensuing year: President, Dr. Hall; Vice-President, Dr. Husband; Secretary-Treasurer, Dr. Anderson; Censors, Drs. Logan, Campbell and Husband. Dr. Anderson was elected a delegate to the American Institute. The semi-annual meeting will be held in London in October.

Various matters relating to the interests of the profession were brought up and discussed, chiefly through reports of committees, and, more especially, in connection with the report of the Committee on the Statutes of Homœopathy, and the report which is to be sent to the International Congress, meeting in London, England, next month. The President's annual address, an able and interesting paper, also dealt with the condition of the school, pointing out its favorable condition, and suggesting measures for still further advancing its prosperity.

The report of the Bureau of Pathology was presented by the Chairman, Dr. Cl. T. Campbell, in the shape of the following paper, for which the thanks of the institute were voted:

## THE RELATION OF PATHOLOGY TO THERAPEUTICS.

To say that a necessary pre-requisite to scientific therapeutics is a knowledge of the cause and character of disease may sound like a truism. And yet, our inexact modes of expression have given rise to the opinion that many of our school consider a knowledge of pathology a secondary affair—that to them it is immaterial what the cause of the disease may be, or what its character may be, so long as they recognize the external symptoms it produces. I say this opinion is due to a lack of exactness and harmony in our forms of expression; for there is no doubt that our physicians are practically agreed as to the true value of pathology, and that they utilize the knowledge gained therefrom. But for the consideration of any who may really be disposed to ignore pathology, and for the benefit of those who assume that our school does so ignore it, I purpose submitting a few ideas as to what I conceive to be true relation between pathology and therapeutics.

Diseases we can only know by their symptoms. But what are symptoms? and

## WHAT ARE DISEASES?

A person has a high pulse, a hot skin, a pain in his chest, a cough and a rusty expectoration. Do these constitute the disease? No; they are only symptoms. His lung is hyperæmic from active congestion, and the air cells are filling up with coagulable matter; there is a condition existing called acute pneumonitis. Is that disease? No; these are only symptoms. Where and what, then, is the disease? It must be sought in the ultimate structure, the cell. There is an abnormal action of the cell wall; there is derangement of its attractive and selective power, and from this follows the results of the disease: inflammation, exudation, pain, cough, rusty sputa, all of which are only symptoms. Disease then, is

## AN ABNORMAL STATE OF ULTIMATE STRUCTURE,

which we are, as yet, able to recognize, only through its symptoms, just as we can only recognize fire by its signs and effects. In rude classification, there are symptoms which may be called external, and those which may be called internal. We may call those external which are patent to the senses—which the physician can see and the patient can feel. Among internal symptoms, we may class those secondary pathological conditions affecting tissues, such as inflammation, ulceration, exudation, etc. Some of these internal symptoms can be recognized during life by the skilled diagnostician; some can only be detected by a *post mortem* search; while there are cases of grave nervous disorder in which no internal symptoms can be found; no secondary pathological state; no connecting link between the disease and its external signs.

## SCIENTIFIC THERAPEUTICS

requires a knowledge of all symptoms, whether external or internal, subjective or objective, abnormal structure, abnormal function, abnormal sensation. External symptoms alone will not suffice; attention to aches and pains, aggravations and ameliorations, times and localities, is not enough; nor should we be content with an investigation into what we term pathological changes. We require the

## "TOTALITY OF THE SYMPTOMS,"

as Hahnemann termed it, and nothing less.

Anything short of this is but guess-work. For example, take the following external symptoms: Quick pulse, increased temperature, dyspnœa, stitches, as with knife in right side of chest, soreness in chest, cough; mucus sputa, with streaks of blood. These are among the external symptoms of pneumonia; and these are symptoms of *Borax*. But how many cases of pneumonia have been cured by *Borax*? The article has not the internal as well as the external symptoms of pneumonia, and therefore is not therapeutically correlated to that disease, although a superficial observer might think so. Or, for another example, take the action of corrosive poison. The brown stains on the lips and mouth, the vomiting of shreds of disorganized mucus, and of coffee-ground-looking substances, are symptoms of the chemical effect of *Sulph. ac.*, but he would be very unwise who would attempt to cure with *Sulph. ac.*, a diseased state in which he found these signs, for he would not be regarding the totality of the symptoms—those which are produced by the drug when diluted, and which are not dependent on chemical action.

It is the boast of many practitioners of our school that they place the most implicit confidence in the doctrines and

## INSTRUCTIONS OF HAHNEMANN.

Let us enquire, therefore, what were the views of this great teacher of medicine on this point. "The physician must avail himself of all the particulars he can learn, both respecting the probable origin of the acute malady and the most significant points in the history of the chronic disease, to aid him in the discovery of their fundamental cause." *Organon*, Sec. 5. Sections 206, 207, 208, 209 of the *Organon* point out the necessity for an elaborate search as to the cause of the complaint, as to any previous treatment, as to habits, as to occupation, regimen, etc., in fact to everything connected with the patient which may contribute towards "a perfect image of the disease"—the *tout ensemble* of the symptoms.

"The first duty of the physician who appreciates the dignity of his character and the value of human life is to inquire into the whole condition of the patient, the cause of the disease," etc.—*Chronic Diseases*, p. 152.

The necessity of attention to the cause in the treatment of disease is especially pointed out, as in note to sec. 7, Organon. "It is taken for granted that every intelligent physician will commence by removing this *causa occasionalis*."—Chronic diseases, he tells us in section 204, ought to be treated by remedies appropriate to their originating miasm. On this subject, in the work on Chronic Diseases (p. 166), he speaks of a number of accidents which may interfere with treatment, and tells how these accidents are to be met, not according to symptoms, but to cause. "Immoderate eating—the effects of which may be remedied by taking thin broth and a little *coff*; derangement of stomach from eating fat meat, fasting and *puls*; coldness of stomach, consequent upon eating fruit, *arsen*; consequence of using spirituous drinks, *nux*; results of fright, *op*; chagrin and fright combined, *acon*; contusions and wounds from blunt substances, *arn*; weakness from loss of blood and other fluids, *china*."

He also impresses upon us the fact that the physical symptoms are not a sufficient indication of the remedy unless the mental condition corresponds. As, for example, when he points out that *acon*. seldom or never effects a permanent cure when the temper of the patient is quiet and even; or *nux* when the disposition is mild and phlegmatic; or *puls*. when it is lively, serene or obstinate.—Note to sec. 213, Organon.

But why go into details? Hahnemann's whole theory of chronic diseases involves this principle of treating the cause of the disease as well as the symptoms.

He takes care to assure us that before his psoric theory was developed, the treatment of many chronic diseases by himself and his disciples, "was carried on by those drugs, the pathogenetic effects of which upon the health system corresponded most accurately to the existing symptoms, and had power to remove them for a time; \* \* \* and in this way a sort of cure was effected." But the remedies were insufficient for a complete cure, despite the similarity of the symptoms; not being anti-psorics. Note to p. 15, Chronic Diseases.

Other medicines, even when chosen in accordance with the similarity of their symptoms to those of the disease, do not heal the above-mentioned chronic diseases as thoroughly and permanently as the so-called anti-psorics.—Note to p. 166. The medicine suitable for a psoric intermittent differs from that for one in which there is no psoric taint.—Sec. 252, Organon.

In psoric diseases we are told to "cure first the internal psoric disease, upon the principle *cessante causa, cessat effectus*."—page 127.

For those chronic affections originating in syphilis, it will be noticed that he finds all the indications met by a very few remedies,

chiefly *Merc*; while those from sycosis always and only require *Thuja*.

I have quoted thus largely in order to give full effect to the authority of Hahnemann on this subject. And yet we may have heard of a few practitioners claiming to be

HAHNEMANNIANS PAR EXCELLENCE,

who assure us that the study of etiology is unimportant. Such men, Hahnemann tells us, are not intelligent, and do not appreciate the dignity of their calling. It is noticeable, however, that they practically contradict themselves when they prescribe *Arn.* in chronic disease following injuries, even though no particular symptoms of that drug be present; or *Merc.*, when there is a syphilitic taint; or *Thuja* in diseases of sycotic origin.

That there are cases where the simple external symptoms indicate the remedy, is true. But when called to treat a disease we cannot be certain that the external symptoms present the necessary *tout ensemble*, until we have thoroughly examined the case, after the manner of Hahnemann. Consequently, it follows that every case should be so examined, and that without a perfect comprehension of the entire pathological condition, scientific therapeutics is an impossibility.

The relation of pathology to therapeutics can only be defined by a correct use of words. If, when we speak of pathological conditions, we refer only to internal functional and structural abnormalities, then pathology is neither more or less serviceable to therapeutics than what is loosely termed symptomatology. But if we take it as picturing the totality of the symptoms—external and internal, cause and course of disease—then

PATHOLOGY IS INDISPENSABLE TO THERAPEUTICS.

The physician who confines his investigation to the mere external characteristics of the disease is as far from a scientific therapy as he who looks only for organic changes. To dull the sensitive nerve with narcotics, to open the constipated bowel with cathartics, to moisten the parched skin with diaphoretics—this is but symptom treatment, and at best can only be palliative. Curative treatment goes farther back to the *fons et origo mali*, and gives the remedy, whose primary action on the cell wall, as indicated by the train of symptoms it produces on the healthy structure, corresponds with the disease for which a cure is sought.

AMERICAN INSTITUTE OF HOMŒOPATHY.

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The thirty-fourth annual meeting was held on June 14th, 15th, and 16th.

The President, Prof. J. W. Dowling, M. D., delivered an able address, for which we may find room in our next.

Dr. Henry D. Paine, as Necrologist, reported eleven deaths of members during the past year.

Prof. I. T. Talbot, of Bureau of ORGANIZATION, REGISTRATION and STATISTICS, reported 24 state societies, 100 county and local societies, 38 hospitals, 11 colleges, 17 journals, (4 started and 3 suspended during the year.)

Dr. T. L. Brown, chairman of Bureau of PSYCHOLOGICAL MEDICINE reported a paper upon Indispensables in the cure of Insanity.

Dr. Bushrod W. James, chairman of Bureau of SANITARY SCIENCE reported:

Progress of sanitary affairs, &c., B. W. James, M. D.

Personal hygiene as to air breathed, D. H. Beckwith, M. D.

Personal hygiene as to dwellings, T. S. Verdi, M. D.

Personal hygiene as to business, A. R. Wright, M. D.

Personal hygiene as to habits formed, T. P. Wilson, M. D.

Personal hygiene as to districts inhabited, E. U. Jones, M. D.

Personal hygiene as to fluids drank, Geo. Ockford, M. D.

Personal hygiene as to clothing worn, H. W. Taylor, M. D.

Prof. A. C. Cowperthwaite, chairman of Bureau of MATERIA MEDICA, PHARMACY and PROVINGS, reported in relation to *Caladium seq.* *Papaya vulg.* and *Viburnum op.*

Prof. J. S. Mitchell, of Bureau of CLINICAL MEDICINE, reported a paper upon *Mania a potu* by Geo. F. Foote, M. D., and *Observation on Dose* by Dr. W. P. Armstrong.

The Bureau of OPHTHALMOLOGY, OTOTOLOGY and LARYNGOLOGY, reported papers upon *Hyperæmia of Internal Ear*, by W. H. Winslow, M. D., *Relaxation of Membrani Tympani*, by J. H. Bufum, M. D., *Kali phosphorica*, by H. C. Houghton, M. D., and *Color Blindness*, by C. H. Vilas, M. D.

The Bureau of OBSTETRICS reported *Puerperal mortality*, a

study by Geo. B. Peck, M. D. Hemorrhage as a cause of puerperal mortality, by Millie J. Chapman, M. D. Prevention of Puerperal fever, by C. G. Higbee, M. D.

The Bureau of GYNÆCOLOGY reported treatment of Lacera-tions of the Cervix, by Dr. Allen, Practical observations on lacera-tions of the Cervix, by Prof. Ludlam, Intra-mural fibro cellular tumor of the Uterus, by C. Ormes, M. D.

The Bureau of PÆDOLOGY reported upon Infantile Syphilis, by Drs. T. C. Duncan, W. A. Edmonds, W. H. Jenny, J. C. Morgan and T. Morris Strong.

The Bureau of SURGERY presented Septicæmia, by S. R. Beckwith, M. D. Lateral Curvature of Spine, by J. H. McClelland, M. D. Modes of treatment of fracture of neck of femur in aged and feeble, by J. M. James, M. D. Perineorrhaphy, by I. T. Talbot, M. D. Stricture of Œsophagus, by D. W. Hartshorne, M. D. Supra-pubic Lithotomy, by W. Tod. Helmuth, M. D. Varicocele, by J. G. Gilchrist, M. D. Amputations, by G. J. Jones, M. D. Spinal Abscesses, by H. F. Biggar, M. D.

Bureau of MICROSCOPY and HISTOLOGY reported on some membranes, especially the Diphtheritic, by W. H. Winslow, M. D. Cancer and its Diagnosis, by J. Edwards Smith, M. D.

Bureau of ANATOMY and PHYSIOLOGY, presented some points of similarity in Eye and Ear, by W. H. Winslow, M. D. Surface Marks of the Abdomen, by A. S. Everett, M. D. How shall we teach Anatomy, by A. S. Everett, M. D. References to several Anatomical points, by E. H. Platt, M. D. Physiology of Menstruation, by Wm. Von Gottschalk, M. D.

The following officers were elected for ensuing year:

Wm. L. Breyfogle, M. D., Louisville, Ky., President.

Bushrod W. James, M. D., Philadelphia, Vice President.

J. C. Burgher, M. D., Pittsburgh, Pa., Gen. Secy.

J. C. Guernsey, M. D., Philadelphia, Pa., Corr. Secy.

E. M. Kellogg, M. D., New York, Treasurer.

F. R. McManus, M. D., M. J. Chapman, M. D., L. Ordway, M. D., E. Reading, M. D., Censors.

The next meeting is to be at Richmond, Va., on first Tuesday of June, 1882.

## American Observer.

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E. A. LODGE, SENR., M. D., EDITOR, DETROIT, MICH.

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### OUR WOUNDED PRESIDENT.

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Since the diabolical attempt to take the life of President Garfield, we have watched the reports of his condition day by day with intense solicitude. At the date of this writing he is reported as steadily improving, and "practically out of danger." We may not be able to fully credit the latter statement, although we entertain very strong hopes of his eventual recovery. He is borne up by the sympathies and prayers of this nation; and the hearty expressions of sincere condolence which have been received from foreign countries are especially grateful.

The President has acted throughout this fiery trial with the noble fortitude of a true Christian, and his good wife's faith and courage have never faltered. May the means made use of to his recovery be prospered to that end. May his life be preserved for many years for the blessing of our country.

Out of this great evil the Great Disposer of Events is already bringing good. May our faith rest with Him that He will overrule every purpose of wrong, and cause this afflictive dispensation to redound to the people's good and His praise.

One of our Detroit papers has been referring to the President's principal physician as the "Cundurango patent medicine man." This is insulting and untruthful. It is true that Dr. Bliss introduced the Cundurango, but it was not as a patent medicine or a secret remedy. Of course we should be glad if the President was under different treatment, but this wish will not lead us to favor any act of unfairness to those now in attendance.

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### THE LAW OF "SIMILARS."

Nothing shows more avidity on the part of Homœopathy to grasp everything having the least resemblance to "similitude" than a recent striking literary effort of a certain Western Medical College.

If any one will cast his eye over the twenty-second annual announcement of the New York Homœopathic College, he will be rewarded in the exercise of vision by sight of the following paragraph:

“Erroneous impressions prevail as to the expenses of student life in this city. To those who have the taste and the means for extravagant indulgences, the opportunities are indeed abundant; but those who are reasonable in their desires or limited in their resources, may without difficulty, live comfortably at moderate cost. Board can be had near the college at from five to seven dollars per week; and by taking rooms and living on the European plan, a company of students can reduce their expenses to the minimum.

A carefully prepared list of good boarding-houses will be furnished to matriculates by the janitor of the college, etc., etc.”

If now the individual, whose literary attainments are such as to comprehend the boarding-house “editorial” of the New York college, will deflect his vision towards a violet-hued pamphlet, setting forth the delights of economy in the South-west, he will be pleased to learn the following:

“Erroneous impressions prevail as to the expenses of student life in this city. To those who have the taste and the means for indulgence, the opportunities are indeed abundant; but those who are reasonable in their desires or limited in their resources, may without difficulty, live comfortably at moderate cost. Board can be had near the college at from three to four dollars per week; and by taking rooms and living on the European plan, a company of students can reduce their expenses to *one dollar a week*.”

The italics are our own, that we may draw attention to the nice distinction between the two “editorials;” the New York college in a lofty and abstract manner, quite befitting the metropolis of America says: “A company of students can reduce their expenses *to the minimum*,”—the south-western temple of medical learning and original literature, with a craft and knowledge of human nature quite Munchausen-like puts it, “a company of students can reduce their expenses to *one dollar per week*,” leaving the untutored candidate for medical honors to flatter himself that all fine distinctions between individual and collective are abolished in the city whence issues the violet-hued.

Glorious victory for the concrete over the abstract! bold and original departure from hitherto painfully studied similitude! we hope that any one who yearns for originality in medical college announcements, will observe that the south-western "editorial" differs from its New York model in at least one sentence, or that the New York "editorial" differs from its south-western model in at least one sentence! Which is which? C. M.

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### A GOOD JUDGE OF "STYLE."

One of our editors, who writes himself an A. M., recently perpetrated the following:

"Whenever Fothergill takes his pen to write"—what else would he take it for—"he imparts information of value. His style is of the best, and this little book is no exception. On page six we read: 'A copper-tinted blush on a baby's bottom may throw a flood of light upon the otherwise obscure lung mischief in its father's, and furthermore suggests the appropriate specific treatment' "

"A flood of light upon the otherwise obscure lung mischief in its father's" bottom is an illumination that makes the electric light cast a shadow, and when it is next exhibited, may we be there to see.

Meanwhile, commend us to an American "A. M., M. D.," for a judge of "style." S. A. J.

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PLEASE BE PATIENT.—Some of our correspondents are displeased with our tardiness in replying to their letters, and some subscribers complain that we are losing the reputation of having the most punctual of all the journals. We hope to be in better health and strength next month, and will then more than make up for any deficiency.

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QUALITY.—We receive warm commendations for the superior quality of the articles recently published in our pages. Thanks.

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### REMOVALS.

GILCHRIST,—Dr. J. G. to 66 Howard street, Detroit.

SHELLENBERGER,—Dr. C. N. to 1834 Mt. Vernon street, Philadelphia, Pa.

TIMMERMANN,—Dr. F. R. to Hastings, Mich.

RHONEHOUSE,—Dr. G. W. to South Toledo, Ohio.

CALDWELL,—Dr. Juliet to 414 Centre Street, Chicago, Illinois.

DENINGER,—Dr. P. G. to Faribault, Minn.

MARTIN,—Dr. H. Noah to 1218 Walnut street, Philadelphia, Pa.

LASHLEE,—Dr. H. B. to Grand Island, Nebraska.

## Translations European Journals.

PROF. S. LILIENTHAL, M. D., NEW YORK CITY, EDITOR.

### BORACIC ACID IN CYSTITIS.

Prof. Rosenthal (Vienna) uses boracic acid with benefit in vesical catarrh, whether from peripheric or central cause and in alkalescence of the urine. R. Boracic acid, 2 grammes, water 100, Syrup gr. 5., is the usual form, it soon passes over into the urine, where acid reaction can be shown. Only a dose of 10 to 12 grammes produces gastric irritation, vomiting, nausea and loss of appetite, which soon passes off by omitting the drug. Pure boracic acid dissolves in 20 parts warm water and 5 parts heated glycerine. Such a solution remains clear and free from fungi, even in the hottest summer, the patient can take it along on his journeys and use it in teaspoonful doses in a glass of water daily. In cystitis ammoniacalis the bladder may be daily washed out with a solution of one part boracic acid to 20 parts water, 2 or 3 grammes in 100 parts water with some orange water tastes like lemonade, and by most patients preferred to the Balsamica, Salicylic acid and Kali chloricum, which are never free from disagreeable sequelæ. — *Wien. Med. Blætter*, 46, 1880.

### CEDRON-BEAN FOR HYDROPHOBIA.

John Penn Curvey, of Panama, reports that the natives for ages have been in the habit of using the beans of Cedron, the fruit of *Simaruba ferruginea*, as a sure cure for the bites of serpents, tarantula, etc. Applied internally or externally, it paralyzes the action of the poison in less than five minutes. — *Allg. Med., Centr. Zeit.*, 39, 1881.

(If the editor could have read Teste's *Hom. Mat. Med.*, p. 576, he would have found this piece of news already, Anno Domini 1852 or 1853, and as the provings of Cedron, so excellent a remedy in malarious and neurotic diseases, give some hints to hydrophobia, it would be worth while to reprove this valuable drug, and then apply it scientifically, i. e., according to Hahnemann's method, in suitable cases.

## CONVALLARIA MAJALIS IN CARDIAC NEUROSIS.

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A woman, 30 years old, pale and nervous, suffered off and on from nervous palpitations with pains radiating to the left arm. Objectively only a moderate dilatation of the right ventricle and left auricle could be demonstrated. After failure of all other treatment Prof. Botkin prescribed Tinct. Convallaria majalis, ten drops four times a day. After a week all the palpitation ceased, and the objective symptoms of cardiac dilatation were gone except a slight dullness in the upper part of the left parasternal line.—*St. Petersb., Med., Wochenschr.*, 17, 1881.

(Stille and Maish, p. 453, say that the lily of the valley, May-flower, has often been used as a sternutatory. The Convallarin, hypodermically used in the sixtieth to the thirtieth of a grain, is fatal to pigeons, arresting the heart in systole and producing convulsions. The slowing of the heart was not attended with diminished power in that organ, but the respiratory movements were quickened. The remedy is not mentioned in any Materia Medica of our school.)

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## CARBOLIC ACID IN INFANTILE PRACTICE.

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Dr. Genser, of Vienna, reports a case of poisoning with it in the *Archiv. of Kinderheilkunde*, 1880. A pretty healthy child of two weeks is brought to the asylum, showing an ulcer in the right axilla, which is ordered to be covered with lint moistened with a 2 % watery solution of carbolic acid, and as after five days the necrosis still kept spreading, changed to a 5 % solution. A few hours later collapse sets in and the infant vomits continually. Skin pale, fontanelles deeply depressed, respiration irregular, beat of heart weak; urine of child of dark color, the napkins become of a violet color, fæces partly yellow, partly dark-brown; the vomited matter yellow, mixed with mucus, without any specific odor. Death in 24 hours after the first symptoms of intoxication appeared.

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## PILOCARPIN IN DIPHTHERIA.

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Drs. George Guttman, Geldner and Delewsky gave Pilocarpin with most satisfactory results in diphtheria, and consider it a specific

not only in that disease, but also in angina faucium of any kind, and even croup has been treated with it. R. Pilocarpin muriatica 0,02-0,04, pepsine 0,6-08, Acidi hydrochlor. gutt. ii Aquæ dist. 80,0. M. D's., a teaspoonful day and night every hour, for children, R. Pilocarp. mur. 0,03-0,05, Pepsin 2,0, Acid hydrochlor. gutt. iii Aquæ distil. 240,0 M. D. Every hour a tablespoonful for grown persons. After every dose children receive a teaspoonful heavy Hungarian wine, grown persons a tablespoonful; wet pack around the neck three times a day, every two hours some nourishment, or warm milk, beef-tea and coffee, and cold or ice-water ad libitum. Salivation in 24-36 hours, but moderate, and diphtheritic plaques or membranes pass off without difficulty. A fair trial is requested.—*B. K. W., October, 1880.*

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**SUBCUTANEOUS INJECTIONS OF ATROPIUM SULPH. IN MORPHIUM INTOXICATION.**—Lewis gives the following cases: In one case by mistake half a tablespoonful of a solution with morphium sulph. was taken, and beginning with 0.005, increasing the single dose of 0.009, in the course of six hours 0.076 Atropin. sulph. was hypodermically injected. The coma lasted fourteen hours, but the patient recovered. In a second case more than 0.1 was injected in the course of one night. Lewis, mentions the equally favorable experience of Johnson in Shanghai, who proved the value of this treatment in 300 cases of opium poisoning, He injects in grave cases even single doses of 0.03 Atropin. sulph.—*Med. Neuigk., 16, 1880.*

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**NERVOUS LESIONS IN PEMPHIGUS.**—Leloir found in the nerves, situated under the pemphigus, blisters, atrophic degeneration, friability of the Myeline, disappearance of the axic-cylinders and an increase of the granules of the sheath.—*Prog., Med.*

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**ON TRIGEMINUS NEURALGIA.**—Seifert of Wurzburg reports that in three cases of recent trigeminus neuralgia compression for  $\frac{1}{4}$  to  $1\frac{1}{2}$  minutes of the carotis of the same side produces temporary relief, and repeated compression a partial cure. Gerhardt's idea of chronic hyperæmia or inflammation of the nerve trunk, of its ganglion or neighboring parts must be therefore founded on truth, as compression of the carotis relieves.—*B. K. W., 11, 1881.*

## Surgical Observations.

PROF. H. F. BIGGAR, A. B., M. D., CLEVELAND, OHIO, EDITOR.

### THE LITHIC DIATHESIS.\*

BY J. G. GILCHRIST, M. D., DETROIT, MICH.

*II. Physical Symptoms:* The examination of stone, for the purpose of interrogating the physical signs, is chiefly made by an instrument, called a *sound*. There is much diversity in the curve of sounds, and, as a matter of taste, something may be added to the ordinary form in the way of embellishment. A plain steel sound, well polished, will answer every purpose as well as a plated one; and a chased, expanded head, while adding somewhat to the cost, can add nothing to the real value of the instrument. It will be observed that the instrument resembles a bougie in shape, with the exception that the head is flattened. A catheter cannot be used as a sound, because the hollow tube will not properly transmit the click characteristic of stone; it may and can detect foreign material in the bladder, but cannot give any idea of its nature or density. We require for this purpose a solid cylindrical body, with an expanded extremity to increase the surface of vibration. The curve is often merely a matter of individual preference, but it is well to have instruments at hand of various degrees of curvature, to enable us to detect encysted calculi, or those beneath a very much enlarged prostate. The best form is that shown here, at least it is that from which I derive the greatest usefulness. The matter of size must be determined by the case under inspection, but these sounds, with calibres according to the American scale of No. 4, 6 and 8, will answer in nearly every case. I should advise never using a sound of more than No. 8 calibre, as its tightness in the urethra will very much impede freedom of manipulation. Billroth has recently invented a sounding-board attachment to the sound, which is intended to increase the resonance of the instrument, and will much assist inexperienced operators; perhaps those who have had much

\*Concluded from page 128.

practice in surgery would find it more an embarrassment than an aid.

Such is the sound: now, how is it to be used? The patient should lie on the back, shoulders slightly raised, and knees drawn up, thus relaxing the abdominal parietes. The bladder should be injected with warm water, for the purpose of smoothing out the rugæ and folds, which would not only embarrass the examination by engaging the beak of the sound, but might, as frequently happens, retain the stone so that it might not be readily found. When the bladder is full, the inner surface is smoothed out, the stone is free, (unless encysted), and the motion of the sound being unimpeded, a full sweep can be had over the whole of the vesical surface. The size of the urethra must now be estimated, with reference to the age of the patient, and as small a sound as can be safely used selected. In children, from No. 1 to 3 should be used; in older persons up to No. 8, but never higher, unless in the case of women, when a No. 12 is unobjectionable, on account of the shortness and extreme dilatibility of the canal; in fact the larger the size the better, in this instance, as a small sound will favor dribbling of urine and empty the bladder, at times, before the search is completed. The selected sound must be warmed and well oiled, and passed into the bladder with exceeding gentleness; all violence must be scrupulously avoided, and the sound allowed to find its way by its own weight. Should there be a stricture of the urethra, it had better be relieved before attempting a prolonged search for stone, but in ordinary cases, when the constriction is slight, no attention need be paid to it. On entering the bladder it is best to turn the beak of the instrument under the prostate, in which situation the stone, if any exists, is usually found. Failing to find it here, the whole internal surface must be carefully explored, even to the upper surface, as the stone may be encysted, or adherent when of small size. When the stone comes in contact with the sound, there will be either an audible click, or a vibration communicated to the hand of the surgeon that the experienced operator will at once recognize. The click is of different degrees of distinctness with reference to the composition of the stone; when of uric or oxalic acid, it will be loud and metallic; when phosphatic, soft and dull. This matter will be of importance in deciding upon future proceedings, as stones of the two former characters will indicate a renal origin, consequently a

lithic diathesis, and removal may be followed by recurrence, unless the deranged assimilation can be corrected. When the stone is found to be phosphatic, the presumption is that it is of vesical origin, and no recurrence need be feared as a rule.

Having found the stone, an effort should be made to estimate its dimensions, and whether it is encysted or not. In most cases by sweeping the sound over it, some conception can be formed of the size and general features; when the surface is rough and hard, oxalates are to be suspected; when smooth and regular, uric acid; when irregular and soft, phosphates. By carrying the stone to a favorable position, and fixing it with the sound, a digital examination through the rectum or vagina will give an accurate knowledge of its size and general outline. In some cases a small lithotrite, with a graduated scale of inches and lines, may be used, and an accurate measurement taken.

Simple as this procedure seems, there are many sources of error, not only as to the existence of stone at all, but as to number, size, location and character. Frequently, particularly in the hands of inexperienced operators, the promontory of the sacrum has been mistaken for stone; foreign material, whether introduced designedly or accidentally, might readily embarrass the accomplished practitioner. In old persons the bladder frequently becomes coated with calcareous or phosphatic deposits, and a careless examination might mislead the novice; but on examining the whole extent of the inner surface the deception is at once detected. The great CHESELDEN cut for stone when none was found in the bladder, and others of less note have frequently done so. Cases are on record in which the elick of the sound against a ring on the finger, or the watch chain of the operator, has deceived. This frequency of erroneous diagnosis suggests three things to be observed: Invariably confirm your diagnosis by calling in competent counsel; remove all rings and dangling metallic articles of your dress, that *might* come in contact with the sound; and never hazard an opinion, in doubtful cases, unless you are *au fait* in surgical diagnosis, and make dissections frequently enough to thoroughly comprehend the anatomical relations of the parts.

The number of stones should be determined, if possible, as single stones are oxalates if hard; phosphates if soft; multiple stones

are nearly always uric acid, especially if hard. Essential as this is, in determining methods of treatment, there is no point so difficult to determine. When a stone is non-encysted and free, it will move about so freely that it may well puzzle the examiner, but certain methods may be devised, according to circumstances, that may remove some of the embarrassment.

Three conditions may exist that will render detection difficult: the minute size, the light weight, or the encystment of the stone. The first and second can be overcome by examining the patient in different positions, standing, lying, kneeling, bent forward, etc.; or by percussing the bladder, sometimes causing the stone to fall against the sound. When the stone is encysted, detection is difficult in proportion to the extent. Thus in prostatic or uretal calculi, in which one extremity projects into the bladder, there need be no embarrassment; but when a spherical or ovoidal stone is enveloped by a mucous fold, there may be no projection, indeed it may be sunk below the surrounding surface. While the ordinary examinations are made by passing the convexity of the sound over the bladder, when its whole surface has been fruitlessly explored the beak should be used in the same manner, thoroughly exploring every depression and cavity. In this way encysted stones may be occasionally discovered.

The last source of error we will notice, is the existence of vesical tumors of various kinds. Polyps, of all kinds, are quite common in the bladder, but perhaps are oftener pedunculated than sessile, the pedicle being long. It is quite impossible for such a growth to exist without causing phosphatic deposition, and the symptoms of stone will not only be marked but reliable. On encountering a tumor of this kind, the fact that it is freely movable within certain limits, and yet not found at the base of the bladder, must determine either a stone of exceeding lightness, or a pedunculated attachment; as these formations are much more frequent from the upper portion of the bladder, or the sides, the position of the foreign body is in the center of the hollow sphere formed by the bladder, floating, as it were in the water, must at once arrest the attention; on attempting to slip the sound around it, the pedicle will be found in the way, and a diagnosis is at once made out, as a general thing. Furthermore, the phosphatic incrustations are quite readily separated from the tumor,

and some fragments will usually appear in the urine, the shape of which, if carefully examined, must go very far towards settling the question when it is a matter of doubt. In some cases the endoscope may be employed, but as the instrument, to be one of value, is costly and not readily obtainable, and its use requires considerable skill, it cannot at all times be employed.

When the tumor is papillary, or fungus, the broad base and fixed position so closely resembles encysted stone that it is next to impossible to differentiate. As a rule hemorrhage, quite free in the majority of cases, will follow examination with the sound, and may be considered quite diagnostic. It is true, that bleeding may follow disturbance of an encysted stone, but it is far from being common and then is slight and unimportant. It is perfectly admissible to treat such suspicious material with some degree of roughness, in order to fracture and displace the calculous coating, which will furnish material for examination, as well as reveal the true nature, in some instances, by disclosing a soft yielding substance beneath the lithic envelope. At times portions of the tumor will adhere to the surface of the coating, and the microscope settle the question to a certainty. As a matter of fact no great blunder will be committed if a patient is cut and a tumor in place of a stone found, as the operation will in nearly every case prove curative or greatly palliative; but when a tumor can be definitely detected a cure by the use of remedies is within our reach, and the patient spared the danger and suffering of lithotomy. Should lithotripsy be decided on, however, an error in diagnosis may induce a fatal result. The crushing of the tumor will place the patient in imminent danger of death, as well as a speedy recurrence and increasing malignancy in the character of the growth. Here then we find another embarrassment to inexperienced surgeons, and one of no mean importance; none should approach a patient for purposes of lithotomy who is not thoroughly prepared at all points, familiar with all the methods of examination, etiology, pathology, and anatomy well understood.

The subject of sounding cannot be dismissed without reference to the positive danger of the operation under certain circumstances. All students of surgery are familiar with fatal results of catheterism, but few, I think, have an adequate conception of the danger in a careless use of the sound. According to GROSS (*Dis. of Urinary*

*Organs*, 477), which is fully corroborated by my own experience, almost as much care should be taken to prepare a patient for sounding as for lithotomy; the irritability of the bladder must be allayed as much as is possible, and no attempt should be made immediately after a "fit of stone." The utmost gentleness must be used, and the operation never prolonged over a few moments; any indication of pain in the bladder or appendages, caused by the sounding, must be the signal for its immediate discontinuance. GROSS (*loc cit*) mentions a case in his practice, in which the patient had severe cystitis, spasms of the bladder and peritonitis from a carefully performed sounding; the patient nearly lost his life, and then weeks elapsed before he was fit for lithotomy. FLETCHER (*Med. Chir. Notes, etc.*, p. 89) relates a fatal case in a boy of six years; the bladder was found ecchymosed, and the most extensive peritonitis. CROSS (*Urin Calculus*, p. 43) gives a fatal case in a boy from acute cystitis and peritonitis. SANSON, CIVIALE, and HORNER (*Path. Anat.*, p. 193) give additional instances. SKEY (*Oper. Surgery*, p. 497) mentions a case in which fatal renal disease was established, the patient surviving two months. To conclude what we have to say of the use of the sound, let it be noted, that when the bladder is empty there is a "pumping" sound produced by moving the instrument about; but when full of water, a sort of gurgling, as in masticating when the mouth is closed. This was first described by LÆNNEC, and is really a matter of importance in obscure cases.

The physical examination cannot be considered complete, unless the bladder is explored with the finger in the rectum or vagina; indeed in very many cases the stone cannot be detected without this. It will not be sufficient to determine the presence of foreign material, it must be brought into contact with the sound with sufficient force to elicit the characteristic click; it must be pushed up against the sound, therefore, by the finger of the other hand.

Finally we have *auscultation*, long ago proposed by LÆNNEC, performed in several ways, but of doubtful utility except in cases of multiple free calculi, when they may be heard to rub against each other. The sound is so indistinct, however, and the sources of fallacy so many, particularly from emphysematous conditions, that it has never been extensively used. The ordinary stethoscope is used,

applied over the pubic symphysis. As air is a better conductor of sound than water, Dr. ASHMEAD, of Philadelphia, proposed to exhaust the bladder of urine, and fill it with air, but the method has not met with much favor. VELPEAU, in cases of small stone with indistinct click, has advised the attachment to the silver catheter of a tube, and the plan has worked to admiration in one case in my hands. GROSS (*loc cit* 478) says of auscultation: "My own observations have satisfied me of the correctness of the result obtained by these gentlemen. Nevertheless, I must confess, I should be indisposed under any circumstances, to place much confidence in this mode of diagnosis. I should hardly feel at liberty to cut my patient's bladder, if I had no better or more satisfactory evidence of the existence of the stone than what was derived from auscultation, whether executed in the ordinary way, or as suggested by Ashmead, or practiced by Velpeau and other surgeons."

The *pathological* effects of stone, and the results of this condition when left to nature, are of the highest degree of importance and interest. While the stone is usually due to changes in the composition of the urine, yet we know that local influences will frequently determine such formations. Furthermore, that the symptoms not infrequently indicate an extension of the irritation from stone to distant organs, organs not connected, anatomically, with the urinary functions. Such wide sympathy, however, is not common, and we rarely find the citadels of life seriously assailed other than by the functional derangement consequent upon sleeplessness and pain. The first consequence, when it is not the cause, is *inflammation of the bladder*. This will be most severe at the neck of the bladder, due to the frequent propulsion of the stone against it in urinating; and at the base, from the rolling of the stone over this surface when free. Next the mucuous lining will become thickened, much increased in vascularity, and covered more or less completely with florid granulation, of greater or less size. This thickening of the membrane, due to hyperplasia, seems to be frequently a hypertrophy, as it is thrown into folds or rugæ, sometimes appearing like firm bars or ridges. This irritation soon extends to the other tunics of the viscus, the muscular coat being much thickened, and from the severe contractions necessary to expel the urine, the muscular fibres are gradually shortened, until the capacity

of the bladder becomes greatly diminished. The mucus secretion poured out, consequent upon this inflammatory condition, is largely mixed with lymph, and this will very frequently determine the attachment of the stone and ultimate encystment. While the bladder is very frequently contracted so that it cannot contain more than an ounce or two of urine, yet there are many cases in which the opposite condition prevails, and the distention is enormous. Cases have been mentioned in which it has been to triple the normal size.

*Ulceration* is a not uncommon occurrence, particularly in scrofulous characters, and may proceed to perforation and expulsion of the stone. Such an occurrence can only be accurately foretold by an examination of the bladder with the endoscope, and the great severity, persistence, and local character of the pain, with the appearance of blood and pus in the urine, and the infiltration of urine into the cellular tissue. Extrusion of the stone into the rectum, vagina, or through the perineum are not infrequent, but the result is highly undesirable as if pelvic cellulitis, and pyæmia is avoided, a permanent urinary fistula is quite certain to be induced. Stones have been expelled, in this way, from the groin, supra-pubic region, or ischiatic, but the commoner points are as stated above.

The *urethra* is affected in various ways. Ordinarily the prostatic portion becomes very irritable and constricted; but in some cases it has been found enormously dilated, sufficient to form a supernumerary bladder. This will oftener occur when the stone is small and frequently thrown into this canal by the stream of urine.

The *Prostate* rarely escapes serious injury, more frequently the constant irritation, by inducing increased blood supplies, produces hypertrophy, which will greatly add to the suffering, and impose an additional barrier to urinary excretion. Sometimes the gland becomes atrophied, at others hollowed out by absorption like a supplementary bladder, or may be destroyed by suppuration or abscess and sloughing. In every case, in some way the prostate will early partake in the local mischief, and whatever the morbid impression may be, the gravity of the case is much augmented thereby.

The *Ureters* are found more or less inflamed, thickened or ulcerated; usually the caliber is greatly increased, or one may be enlarged while the other is narrowed.

The *Kidneys* may be affected in various ways. They are nearly always increased in size, with or without deterioration in structure, but not uniformly. When the stone is due to renal calculus, the kidney of that side may present evidences of disease. The changes may be anything between simple non-pathological hypertrophy and destruction by abscess. A few cases are recorded in which one kidney has been found converted into a purulent cyst, filled with pus, calculous matter, and tissue debris. In nearly all cases the pelvis will be found enlarged and pouch-like, and the vascularity notably increased.

The *Anus* and *Rectum* will also partake in the vesical irritation, either directly or indirectly. The great and constant tenesmus vesicæ, induces prolapse of the rectum and involuntary stools. The intimate relation existing between the bladder and this tube, predisposes to inflammation, thickening, or some other morbid change. The same may be said in relation to the vagina. Hemorrhoids, also, is a common concomitant, and, in short, all the ordinary rectal affections, fistula, ulcer, and fissure, may readily occur.

The *seminal ducts* and *vesicles*, are early implicated; commencing as an irritation with exaltation of function, the termination in cases of long standing, must be in loss of function and tissue, with consequent impotence.

Cases are mentioned in which stone in the bladder has interfered with delivery in child-birth. DR. MONOD (*New York Journal of Medicine and Surgery* 1850, p. 274) relates a case in which labor was arrested, and an examination revealed a large calculus, which on being removed was found to weigh three ounces. MR. THELFALL (*London Medical and Surgical Journal* II, p. 180) gives a case in which the woman died undelivered, the child likewise perishing, from the obstacle met in a large tumor. Examination after death the tumor was found to be a vesical stone, weighing six ounces and a half, measuring three inches and five-eighths in length two and seven-eighths in breadth, and two and a fourth in thickness.

Finally *spontaneous fracture* of a stone may cause laceration from the sharp edges and corners, and in all cases much irritation of the bladder. The causes are numerous, and difficult to enumerate. Unusual violent motions, as jumping or falling from a height are the most frequent. In one case the stone was found broken into forty pieces. MR. LISTON (*Elements of Surgery*, p. 533) gives the

following account of an interesting case, which I quote from GROSS (*Urinary Diseases*, p. 504): "A physician, who labored under symptoms of stone for a long time, and who had ascertained the existence of the foreign body by sounding himself ten years previously, met Mr. Liston one morning in consultation. Three days after he was called to the gentleman, whom he found nearly moribund from inflammation of the whole urinary apparatus, his urethra being at the same time found blocked up by large fragments of stone. It appeared that on parting with him, immediately after their consultation, he had been suddenly summoned to an urgent case of midwifery. He ran quickly down a steep street, at the bottom of which he was seized with an irresistible desire to make water, which he did in small quantity, mixed with much blood. He passed some pieces of stone with very sharp angles. His symptoms grew worse; he had retention from obstruction of the urethra; suppression followed and death terminated his sufferings in a very few days. Many portions of the calculus were voided, and many others, with the nucleus, occupied the bladder and urinary passages. The kidneys were dark colored, and one appeared to be nearly gangrenous. The practice in this case, as soon as its nature was fully ascertained, should have been, as Mr. Liston justly observes, to cut into the bladder and clear it of its contents."

In concluding our remarks on vesical calculus, which are necessarily somewhat abbreviated and incomplete, it may be of interest to give some instances of lithotomy being performed and no stone found. We may remark here that the reason for this can be found in two conditions: *first*, an error in sounding; and *second*, the escape of a small stone in the gush of the contents of the bladder on completing the section. One such case happened to me, in which if the stone, a small uric acid calculus, had not lodged on my knee, it would never have been found, in all probability. For this reason, all experienced lithotomists insist on the surgeon having a piece of gravel stone by him, in case there is no stone found in the bladder he may have something to show the family. A glance at the following record will convince any reader that an error in diagnosis is not to be attributed to ignorance; as witness the eminent men who have met with the mortification. Cheselden had three such cases. Blanc, Dupuytren, Roux, Crosse, Tyrrell, Catto, and Vacca, all eminent lithotomists, had the same experience. Physick was prevented by the death of his patient, before the time set for the operation, when an examination found no stone. Sam'l Cooper mentions eight cases in his knowledge; Velpeau four; South one; Gross two; and many cases are recorded in the *Memoires de l'Academie de Chirurgie* of Paris. In most of these cases, however, the patient not only recovered, but the vesical trouble all passed away after the operation.

## Practice of Medicine.

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C. P. HART, M. D., WYOMING, OHIO, EDITOR.

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### 4.—HAY-FEVER.

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CATARRHUS ÆSTIVUS; SUMMER CATARRH.

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Hay fever, variously called summer bronchitis, hay asthma, autumnal catarrh and rose cold, is a neurosis, appearing annually during the summer and fall months, affecting only susceptible individuals, and assuming the form of catarrh, or catarrhal fever. The name hay-fever, by which it is most generally known, was first applied to it in England, the disease prevailing there during harvest or hay-making time. As already stated, it affects by preference certain susceptible individuals, whose idiosyncrasy, or constitutional predisposition to the disease, renders it an annual visitant. Not less strange is the fact, that after the appearance of frost, these individuals become at once convalescent, and remain so until the following season.

**SYMPTOMS.**—The disease manifests itself in the form of an inflammatory irritation, or sub-acute catarrh, of the mucous membrane of the eyes, nose and respiratory passages; and is characterized by chilliness, aching, fever, redness and suffusion of the eyes, with itching of the lids and inner canthi, violent paroxysms of sneezing, copious watery discharges from both the anterior and posterior nares, generally of an acrid, salty taste, redness and rawness of the nose, flushed face, dyspnœa, with the sense of weight and constriction of the chest, pressure and heaviness in the forehead, pricking and itching sensations, burning in the lungs, deprivation more or less complete of the senses of taste and smell, together with such a degree of physical and mental depression as to render the patient unfit for continuous mental effort, or for the transaction of business.

**ETIOLOGY AND PATHOLOGY.**—As before stated, the disease occurs only at a particular season of the year, when the atmosphere is filled with vegetable emanations; and it affects only a comparatively

small portion of the population, namely, the few who are eminently susceptible to the irritating effects of such emanations; hence experience shows that the most effective treatment is a removal, during the season of exposure, to a purer atmosphere, such as is found at the sea-shore and in the mountain regions, where the atmosphere is free from all such irritating substances. The inference, therefore, is, that vegetable effluvia are the cause of the disease. Indeed, some go so far as to assert, that the special irritant is the pollen of the *Ambrosia artemisiaefolia*, commonly known as hogweed. Dr. Morse, by exposing microscopical slides, moistened with glycerine, to the open air, found that they became thickly studded with the pollen of this particular plant, even in the city. Dr. Bensed, however, who, by means of circular letters addressed to both physicians and laymen throughout the country, obtained the details of several hundred cases, comes to the following conclusions:

“1. Hay-fever is essentially a neurosis—that is, a functional disease of the nervous system.

2. The disease is not due, as has been supposed, to any single specific cause, either animal or vegetable.

3. All forms of the disease in all countries, whether occurring in the spring, summer or autumn, and variously known as “rose cold,” “peach cold,” “June cold,” “hay-fever,” “hay-asthma,” “ragweed fever,” and “autumnal catarrh,” are but manifestations of one disease, for which the most appropriate name is “summer catarrh.

According to Blackley, Zuelzer, Phœbus, Wyman, and others, age and hereditary predisposition have as much influence in its production as atmospheric influences, and perhaps more. Neither the very young nor the very old appear to be affected by it. These authorities assert that the disease only attacks persons under forty years of age. This, however, is not strictly true, as we sometimes meet with individuals of a more advanced age, like Henry Ward Beecher, who are subject to it. A more important fact, in this connection is, that the tendency to the disease is transmissible from parents to offspring. It is strictly confined to civilized life, and almost exclusively to those possessing the “nervous diathesis.” Moreover, the disease is found to be greatly aggravated by mental influences, especially such as tend to depress or exhaust the nervous system. Hence it appears, the disease is, to a great extent, one of

constitutional origin, and not, as is generally supposed, one exclusively local in its nature. It follows, therefore, that vegetable emanations, heat, dust, and the like, are not to be regarded as the sole cause of the affection, but simply as excitants of a disordered condition of the system, occurring in organizations predisposed to the disease.

It is proper to add, that the distinguished physiologist, Helmholtz, as far back as the year 1868, claimed to have discovered in the nasal secretions of persons subject to this disorder, certain low vegetable parasites (*vibriones*) to which he referred the origin of the disease. This discovery was afterward said to have been confirmed by Dr. Frickhoefer, of Schwolback, Prof. Busch, of Brun, and others. On the other hand, other microscopists, of equal reputation, have failed to substantiate the discovery, even with high magnifying powers. The presence of "vibriones" in the secretions of hay-fever patients, is therefore no longer regarded as essential to the disease, or an important factor in its production.

TREATMENT.—No doubt the most speedy and substantial relief is to be obtained by avoiding all exposure to the exciting cause—in other words by a prompt change to a more salubrious atmosphere. Fortunately there are many places in this country where neither ambrosia pollen, nor any other excitant of the disease, exists. Such is the character of the entire White Mountain region in the east, the Rocky Mountain country in the west, the shores of Lake Superior, Lake Chautauqua in New York, Put-in-Bay, Fire Island, nine miles off the coast of Long Island, the island of Mackinaw, Colorado Springs, Col., the summits of the Alleghanys, the Adirondacks, and other elevated regions. Where, however, the patient is obliged to remain at home, and therefore subject to the continued influence of the exciting cause, some relief may be obtained by moistening the nares with a weak solution of quinine, or by inhaling a spray of the same solution. Inhalations of carbolic acid, kreosote, camphor, etc., are also highly recommended. Other adjuvants will be given under the head of Auxiliary Treatment (q. v.).

But, as we have seen, the disease is, to a great extent, of constitutional origin. Accordingly, experience shows that a prescription based upon the *totality of the symptoms* will meet the exi-

gencies of the case here as well as in any other disease in which the cause continues to operate; and although a lasting cure cannot, for obvious reasons, be effected in this manner, the patient may be brought into such a condition as to enable him not only to enjoy a tolerable degree of comfort, but to attend personally to his business affairs.

**THERAPEUTIC INDICATIONS.**—*Aconite*.—This is the chief remedy at the outset of the disease, when attended with chilliness and heat, great restlessness and nervousness, creeping chills, coryza of a profuse watery character, aching, etc.

*Arum triphyllum*.—Sneezing, with sensation as if he had taken cold; chilliness; great heat in the face and head; fluent coryza, with watery discharge from the nose; soreness of the nostrils; burning and constriction in the throat; soreness and burning pain in the lungs, especially when coughing; smarting of the eyes, with aversion to light; frequent tickling cough, with mucus expectoration.

*Arsenicum*.—Asthmatic oppression of the chest, with great dyspnœa; general and extreme prostration; burning thirst, which the patient vainly tries to allay with small drinks of water; cough; coldness of the surface, which is either blue or pale; melancholy, with great mental depression.

*Belladonna*.—Restlessness at night, with cough, headache, soreness of the throat, great flushing of the face, burning of the nares, and congestion of the head and chest.

*Ipecacuanha*.—Vomiting, chilliness increased by external warmth, dyspnœa with great tightness of the chest, and choking, asthmatic cough.

*Kali iodatum*.—Violent, suffocative cough, hoarseness, rawness and burning in the nasal and respiratory passages, profuse, stringy expectoration, general aching, headache, with heaviness in the forehead.

*Lachesis*.—Tickling, irritative cough, as from a hair in the throat; coryza, with redness of the eyes and nose; oppression, with feeling of constriction in the chest; great dyspnœa, with pain in the lungs and protrusion of the eyes.

*Tartar emetic*.—Loose, rattling cough, with little or no expectoration; nausea, with biliousness; general aching in the limbs and joints.

*Teucrium*.—Eyes red, as from weeping, with smarting in the canthi and redness of the conjunctiva; redness and puffiness of the upper lids; profuse smarting tears in the open air; itching in the nose; stinging pain in the upper part of the nasal cavity; frequent sneezing, with tingling in the nose, followed by coryza; sensation of partial obstruction in the nostrils.

Many other remedies have been recommended, the principal of which are:—Bryonia, Gelsemium, Carbolic acid, China, Nux vom., Mercurius protoiod., Pulsatilla, Phosphorus, Sabadilla, Iodide of Arsenic, Sticta.

AUXILIARY TREATMENT.—The disease being essentially a neurosis, we should expect great relief to follow the use of electricity. We have often found this to be the case, especially in the form of galvanism. The continuous current, applied to the chest and spine, seems to soothe the sentient nerves, relieves the dyspnœa, and speedily renders the patient much more comfortable. The same is true of the Turkish bath, of the beneficial effects of which we have the strongest testimony, from those who have given it a long and satisfactory trial.

Dr. Alling says that a patient of his, “a man of nervous sanguine temperament, whose case he always considered the most severe of all that came under his observation, remained at home during the last season, and passed the time in a room where the only air admitted had to pass through strips of muslin fastened before the open window and which were constantly saturated with water. He was entirely free from the disease so long as he remained in his prison, and although he ventured out during the night and on rainy days when the air was comparatively free from the pollen cells, passed the season very comfortably and without the least symptom of asthma. He is quite satisfied that it will not be necessary to go from home hereafter to escape the attack.”

CLINICAL OBSERVATIONS.—*Arum triphyllum*.—Dr. Allen records the following cases:—“Miss H. P., has suffered from an annual attack, which makes its appearance with distressing regularity about August 20th, lasting six or seven weeks. No relief, not even temporary, from anything until the first of October. Great aversion to light, either gaslight or sunlight; wants to be out doors in open air, unless the sun shines very brightly; great desire to walk; sight

dim, cloudy, obscured, was compelled to get glasses to enable her to read, but without avail; nose obstructed, compelled to breathe through the mouth; profuse fluent coryza; constant sneezing; nose watery but obstructed; must have head elevated in order to sleep; lungs feel sore, and tickling cough in trachea caused by much mucus.

*Arum triph.*<sup>10,000</sup>, afforded prompt and grateful relief, never before experienced.

Mr. McG., who has been a great sufferer for many years, was preparing for his annual hegira, when he was asked to try homœopathic medicine.

*Arum* <sup>6</sup>, and afterward <sup>80</sup> has enabled him to attend to his ordinary business, and forego his usual banishment."

A writer in the *Med. Jour.* says:—"That *Arum mac.* <sup>80</sup> I got of you, shut off one case of hay-fever in three or four days, and the patient *keeps well*.

Dr. Alling says:—"I have seen the best results from the use of *Ars. alb.*, *Nux vom.*, *China* and *Sticta pul.*; but when the asthmatic symptoms are severe, preventing the patient from lying down and sleeping, I employ *Chlor. hydr.*, *q. s.*, to ensure quiet sleep. One or two doses prove quite enough for the night, and the effects of the remedy are far less objectionable than loss of sleep and want of proper oxygenization, which result from the disturbed respiration.

*Sabadilla*.—The following is taken from the *Hom. News*, April, 1880.—"Burning and stinging for three or four years in the bridge of the nose with a full, distended feeling; complete obstruction so he could only breathe with his mouth open. Much sneezing with profuse discharge of bland, watery, very thin mucus; persistent, almost voluptuous itching and tingling of the alæ nasi at their junction with lips. Sneezing, much worse indoors than out. Nose swollen, red and ludicrous to see. Eyes watery and weak. *Sabadilla* <sup>200</sup> cured."

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## 5--INFLUENZA.

### CATARRHUS EPIDEMICUS; GRIPPE.

*Influenza* may be regarded as an epidemic catarrh, arising from some unknown atmospheric influence. Though chiefly a catarrhal

affection, the disease is not confined to the mucous membrane of the air-passages, but often implicates other tissues. In its most severe form, it seems to fall almost simultaneously upon the population of entire districts, traveling rapidly and decimating the inhabitants wherever it goes. A quarter of a million of people are said to have died of it in London, during the epidemic of 1847; while in Paris nearly one-half the population suffered, and in Geneva not less than one-third. The disease is supposed to travel from east to west; is most severe in low, damp, foggy situations; remains in the same locality several weeks; and is most fatal to tuberculous constitutions, and to those enfeebled by age. The malady is not confined to man, but sometimes affects the lower animals, especially horses, and is then termed *epizootic*. The disease may prevail at any season of the year, and is often associated with other epidemic disorders. Although less extensive and less fatal in its milder forms, the disease always prevails over a large surface of country; early implicates the air-passages, especially the nose, throat and bronchi; and involves to a greater or less degree the whole organism. The nervous system is especially implicated, and is always greatly depressed.

**SYMPTOMS.**—At the commencement, the symptoms of influenza are usually those of ordinary catarrh, and of course vary with the parts affected. Beginning in the nostrils and frontal sinuses, the disease invades successively the larynx and bronchi; but it is sometimes so mild as to be unattended with fever, or any other marked symptoms. In other instances, it is accompanied by considerable febrile excitement, headache, cough, and oppression of the chest. In addition to these catarrhal symptoms, influenza is generally characterized by debility, pain in the neck, back and limbs, vertigo, and more or less nausea or vomiting. The tongue is usually white and slimy, the sense of taste is greatly impaired, the appetite is lost, the pulse is weak, and the skin, though at first hot and dry, soon becomes moist, and pains and soreness are complained of in various parts of the body, accompanied with debility. Sometimes the debility is much greater than the other symptoms would seem to require; and what is not less remarkable, it often continues after other symptoms have subsided. This early debility is one of the most characteristic symptoms of the disease. The inflammation may invade one or both lungs, greatly endangering the patient's life.

Death frequently takes place during the second week, with symptoms of great exhaustion.

The complications are not confined to the lungs. Sometimes there is inflammation of the brain, the pleura, or the pericardium; at others, dysentery and other complications make their appearance; indeed, it is owing to these complications, for the most part, that influenza is so frequently fatal.

CAUSES.—Although great differences of opinion exist among medical men as to the specific cause of influenza, all are agreed as to its atmospheric origin. By some of the older authors, it was attributed to fogs, which were usually observed to accompany or precede its appearance; by others it was referred to certain electrical conditions of the atmosphere. Some more recent observers believe it to be due to fungi, or other organized bodies, in the atmosphere, too minute for microscopic detection. Those who hold to the germ theory of disease, claim that the air is full of animalculæ, spores or vegetable germs, which irritate the mucous membrane of the air-passages, cause it to shed its epithelium, and after finding access to the blood through the denuded surfaces, so poison the system as to give rise to the morbid phenomena. It must be confessed that the symptoms agree well with such a theory, but at present it can only be received as a mere theory, no sufficient evidence having yet been adduced in its support. The same may be said of the hypothesis of Schönbein, who attributes the disease to the presence of an excess of ozone in the atmosphere. He founds his opinion upon the observed fact, that ozone, when breathed in large quantities, has the effect of irritating the respiratory mucous membrane. Schönbein, while making his experiments, and breathing an excessive quantity of ozone, experienced an asthmatic attack, which compelled him to discontinue his investigations. But the experiments hitherto made with ozone appear to be far from conclusive. Thus, Dr. Leitz, who for a number of years has been experimenting with the atmosphere at Munich, finds that when ozone is most abundant in the air, catarrhal affections are increased. On the other hand, the experiments made by the scientists of Konisburg, in 1878, show that an excess of ozone does not always increase catarrhal affections. Dr. Spangler, who experimented at Roggendorf, says: "Just before an epidemic of influenza no ozone was to be detected. As soon, however, as catarrhal troubles set in and every one was

coughing, ozone was manifested. As the disease gradually diminished, so did the indications of this body decrease." Similar testimony is borne by Dr. Heidenreich, who says: "A strong ozone reaction coincided with an exhibition of pulmonary affections." The experiments made at Hoboken, however, in 1876, show that when ozone was deficient in the atmosphere, catarrhal affections abounded. Nothing conclusive, therefore, can be drawn from such discordant results; and the etiology of influenza must still be regarded as unsettled.

**TREATMENT.**—Influenza presents itself in different epidemics under such a great variety of forms, as to render it manifestly impossible to lay down any course of treatment which can be regarded as generally reliable. The best that can be done is to indicate the remedies which have proved to be of the greatest practical value in former epidemics. Notwithstanding many of these have been tested by a large and successful experience, they may be required to be abandoned in particular cases, and others substituted in their place. Every epidemic has its peculiar *genus*, and in our search for it, we should not lose sight of the fact, that, as already stated, the complications are often more important and influential than the catarrhal symptoms, in which case the latter should only be regarded as secondary.

The remedies which have hitherto given the best results in this affection, are the following:—Aconite, Arsenicum, Belladonna, Bryonia, Camphor, Carbo veg., Causticum, China, Hyoscyamus, Ipecacuanha, Kali bich. and iod., Mercurius, Nux vom., Phosphorus, Pulsatilla, Rhus tox., Sabadilla, Spigelia, Stramonium, Sulphur, Veratrum alb., and a few others.

**CLINICAL OBSERVATIONS.**—Bæhr says of *Aconite* in this disease: "Aconitum is particularly suitable to children, in whose case this drug often suffices to effect a cure, whereas, in the case of adults, other remedies may be required in connection with Aconite. It is suitable if the fever has the inflammatory type, or the bronchial affection tends to develop pneumonia, and the patient is tormented by a distressing, violent, dry cough. Aconite will probably never acquire the rank of a specific adapted to a number of cases." The same author says of *Belladonna*: "It acts well in cases with violent congestions about the head and furibund or at least active delirium,

as long as these symptoms have not assumed the characteristic appearance of adynamia."

Hahnemann says of *Camphor*: "In influenza, if the heat has already set in, Camphor only serves as a palliative, but as a valuable one, if given in frequent but more and more attenuated doses; it does not shorten the course of the disease, which is not very much protracted any way, but moderates the vehemence of the attack a great deal, and conducts it, shorn of its danger, to the end." The same distinguished author says of *Nux vom.*, that "a very small dose often removes an attack of influenza in a few hours."

Hartmann says of *Mercurius*:—"This remedy, of which several doses were given every day, was particularly calculated to cure the disease or even cut it short in its very germ, if the following symptoms prevailed: the head, throat and chest were principally affected; there was a dry and racking cough, which afterwards became loose, and was attended with pleuritic pains; the patient was troubled with profuse sweats, which did not afford him any relief; there were symptoms of an inflammatory fever, dull pain, not very hard pulse. Clotor Müller says of this remedy: "During epidemic influenza a kind of pneumonia occurs which is easily overlooked, because its subjective symptoms differ but little from the symptoms of the prevailing influenza. This form of pneumonia ordinarily sets in without much fever, its symptoms are not very violent, and apparently of not much importance. Common symptoms are: a tearing and aching pain in the head, especially in the forehead, coryza, a slimy mouth and tongue, and dry lips. Among other symptoms we distinguish the following: Loss of appetite, bad taste in the mouth, dry stools, urine mixed with a white mucus, a racking and dry cough, painfulness of the whole thorax, afterwards expectoration of frothy mucus, tearing pains in the joints, disproportionate weakness, tremulous nervousness, aggravation of the symptoms at night, with heat, sleeplessness at night, constant exhalations from the skin, or else copious and fetid sweat. On exploring the chest, we generally discover a not very considerable exudation. If overlooked or neglected, the disease runs a very protracted course, sometimes occasions exhausting pulmonary blenorrhœas, or, if the exudation remains undissolved, phthisicky symptoms may be developed. These peculiar morbid conditions are very much abbreviated by *Mercurius*,

so that a complete restoration of health takes place, and, if the patients otherwise keep comfortably warm, no other remedy is required."

Rückert, in his "Klinischen Erfahrungen," gives the following indications for *Sabadilla*, which is said to have helped in more than one epidemic of influenza:—"Excessive drowsiness in the day-time; chilliness especially towards evening; shudderings with goose-flesh, the chills creeping up from the feet towards the head; lachrymation, with redness of the eyelids; pressure on the eyes, especially when moving them or when looking up. Headache, especially frontal; sore tongue, thick yellow coating on the tongue, the pain extends as far as the throat; painful deglutition; sensation as if a piece of loose skin were hanging in the throat; bitter taste in the mouth; complete loss of appetite, with nausea; dryness in the mouth without thirst; constipation with flatulence; in some, brown frothy diarrhoea stools which floated on the water; yellowish and turbid urine; cough with vomiting, headache, sharp stitches in the vertex, pain in the region of the stomach; cough of a peculiar, muffled kind; many cough up blood; painful lameness in the joints, especially the knee-joints. All the symptoms get worse in the cold; they exacerbate about noon, but worse towards evening; flashes of heat in the face, with chilliness and coldness of the extremities; the flashes of heat in the face are mingled with chilly creepings over the back, from below upwards, at intervals of ten minutes; the skin is dry as parchment; restless sleep, full of anxious dreams; the cough appears as soon as one lies down."

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## 6.—WHOOPING-COUGH.

### PERTUSSIS.

*Whooping-cough* is an infectious disease, confined for the most part to infancy and childhood, and characterized by a spasmodic or convulsive cough, occurring in paroxysms, and accompanied with a reiterated *whoop*, consisting of short, interrupted expirations, succeeded by one loud, longdrawn inspiration, alternately repeated, and ending with vomiting, or the expectoration of tenacious mucus or phlegm. It is often epidemic, but generally confined to very limited areas, and seldom attacks the same individual the second time. It

is believed to have been unknown to the ancients, as the earliest record of it we have is by Merzeray, of France, in 1414.

**SYMPTOMS.**—The disease may be divided into three stages, the *forming*, or catarrhal, the *convulsive*, or spasmodic, and the *declining*. The first stage begins with the ordinary symptoms of catarrh, such as sneezing, redness and suffusion of the eyes, more or less restlessness and fever, and a cough, which at first is dry, but after the first day or two is attended with an abnormal secretion of mucus from the lining membrane of the nose and bronchi. Sometimes the fever is intense, with a rapid pulse, violent thirst, frequent and painful cough, and great general distress. On the other hand, in some few cases, the premonitory or catarrhal stage seems to be entirely wanting, the child being seized at once with the characteristic convulsive cough of the second stage. Sometimes, however, though very rarely, the disease never takes on any other form than the catarrhal, unless it be that it has somewhat more of a paroxysmal character.

After the lapse of ten, twelve or fourteen days, the disease enters upon its *second stage*, in which the symptoms already enumerated subside, the fever and coryza diminish, and the appetite, which before was almost or entirely lost, returns; the cough alone remains, and even becomes aggravated, taking on the spasmodic or convulsive character peculiar to the present stage. Instead of being a simple cough, the paroxysm is prolonged, and accompanied with a *kink* or *whoop*, which gives name to the disease. When the second stage is fully established, the convulsive expirations are so violent and broken, and are repeated in such rapid succession, that the patient frequently appears on the eve of suffocation. During the paroxysm, the neck and face are livid and swollen, and the eyes protrude and overflow with tears; at length one or two violent inspirations occur, producing the characteristic *whoop*, to be followed soon after by another fit of coughing and another whoop, until finally a discharge of mucus from the lungs, or vomiting, sets in, and puts an end to the paroxysm.

These fits of coughing generally recur at intervals varying from five or ten minutes to half an hour or more, and last from one or two to ten or fifteen minutes, being commonly somewhat less frequent at night than during the day. The child is almost always

conscious of the approach of the cough, and when the attempt to suppress it becomes ineffectual, either runs to its parent, or seizes any object within its reach, in order as it were to furnish a *point-d'appui* for the muscles concerned in overcoming the obstruction to respiration during the paroxysm. Sometimes the congestion thus caused is so great as to give rise to more or less bleeding from the nose and mouth, ecchymosis beneath the conjunctiva, and, in some rare instances, even an apoplectic state of the brain. Generally, however, the child quickly recovers from the exhaustion produced by the coughing, resuming its sports and even calling for food. On the other hand, if the attack be very severe and protracted, the child will often waste away, becoming pale, thin and weak.

In this stage of the disease, the expectoration, which at first was thin and frothy, becomes thicker and more tenacious, and is sometimes so viscid as scarcely to admit of being expectorated. When less tenacious and profuse the paroxysms are of course lighter and shorter than when very ropy and adherent. In the latter case, frequent efforts are made to get rid of it by coughing, the accumulation of mucus in the bronchi constituting the chief exciting cause of the return of the paroxysm.

The *third* or declining stage of whooping-cough, is marked by a general amelioration of all the symptoms. The paroxysms become less frequent and severe, the appetite improves, the sleep becomes tranquil and easy, vomiting is allayed, and the child rapidly recovers its flesh, strength and spirits. Sometimes, however, it assumes more or less of a chronic form, the improvement being only partial, and the cough continuing in a milder form for an indefinite period. In these cases the disease is apt to assume an intermittent type, the paroxysms returning at a given hour every day, and continuing obstinately for many months. The ordinary duration of the disease is from four to five months, the catarrhal stage embracing the first twelve or fourteen days, the convulsive stage about six or eight weeks, and the declining stage about a month.

COMPLICATIONS.—The above description of whooping-cough applies to the disease in its simple form; but experience shows that it seldom runs its entire course without becoming complicated with some other disorder. Indeed, the mortality by this disease is generally due to some of its many complications, the principal of which

are:—*infantile remittent*, above noticed, *bronchitis*, *pneumonia*, *cerebral congestion*, *hydrocephalus*, *apoplexy*, and *convulsions*. The setting in of these complications, which generally occur during the second stage, or when the disease is fully developed, is announced by the symptoms peculiar to each affection, those of an inflammatory character being marked by a return of fever, loss of appetite, difficult and hurried breathing, increased violence of the cough, and other characteristic symptoms. The practitioner, therefore, will need to be well on his guard, and very watchful, lest at the very moment of recovery some fatal complication supervene. This is especially necessary in infantile cases, in which the vital power is feeble and easily extinguished—very young infants frequently falling victims to the disease.

**PATHOLOGY.**—While it is generally conceded that whooping-cough owes its origin to a specific blood-poison, acting on the nervous system and the mucous membrane of the air-passages, great diversity of opinion exists as to the manner of its production, some referring the disease to inflammation, either simple or specific, of the bronchial and pulmonary mucous membrane, and others to irritation of some portion of the nervous system. The generally received opinion is that of Rilliet and Barthez, viz., that the peculiarity of the cough and whoop are due to the irritation of the branches of the pneumogastric nerve, caused by the enlargement which takes place in the absorbent glands at the roots of the lungs. It is proper, however, to add that when this theory was under discussion in the French Acad. of Med., strenuous objections were presented to it, the principal of which were—1st, that the glands are seldom found enlarged; 2d, rapid amelioration frequently follows change of air; 3d, the symptoms intermit; and, 4th, the disease is contagious. (*Gaz. Hebdomadaire*.)

Dr. Hamilton and others adopt the theory of Letzerich, who, as far back as 1871, made microscopic examinations of the expectorated mucus, and also portions of the phlegm, and found mycelium and spores of fungi. This theory is, that whooping-cough is the direct result of fungoid growth, and that the spores thrown out by coughing cause the disease to be taken by those standing near. Letzerich says: Diseases produced by the vegetation of fungi in the epithelium stratum of the respiratory organs are of two kinds.

First: Diphtheria originates at the head of the wind-pipe and trachea, seizes and destroys the epithelium with startling rapidity. Second: Whooping-cough. The fungus germinates in the epithelium web, produced whooping-cough and its manifest complications.

ETIOLOGY.—Pertussis is generally caused by epidemic influence, but being of an infectious nature, it is also frequently propagated by contagion. Though generally occurring epidemically it is sometimes sporadic. It affects all ages and conditions of life, but like scarlatina and measles, is chiefly confined to early childhood. It prevails in every climate and at every season of the year; and, like other contagious diseases, it seldom attacks the same person more than once. Being transmissible by *fomites* (*Aitken*), the disease is communicable by means of towels and articles of clothing, as well as by direct contact with the patient—a fact of great importance so far as prophylaxis is concerned.

PROGNOSIS.—In uncomplicated cases of this disease there is generally but little danger to be apprehended; even young infants, if healthy and well cared for, commonly recover. On the other hand, when the disease attacks very young and delicate children, or when it prevails epidemically, especially when local complications exist, or when there is a previous disease or a broken down state of the system to contend with, whooping-cough proves exceedingly fatal.

DIAGNOSIS.—During the first stage there is generally nothing but the catarrhal condition and persistent cough, unless, perhaps, it be the character of the prevailing epidemic, to excite suspicion of the disease; but when the convulsive stage sets in, the cough becomes characteristic, and there is no longer any room for doubt. Very young infants, however, seldom whoop at any stage of the disease. In these cases, as M. Constant remarks, the expectoration becomes an important element in the diagnosis, since it is only in this affection that it is then found to occur.

#### SYNOPSIS OF TREATMENT.

##### I. STAGES:

1. *Catarrhal Stage*.—Acon., Bell., Cocc., Dulc., Ipec., Kali hydroid., Nux vom., Puls. (See previous Sections, particularly *Cough* and *Coryza*.)

2. *Convulsive Stage*.—Amm. brom., Bell., Castina, Chelid. m., Cupr., Dros., Lob., Sang.

3. *Declining Stage*.—Arn., Carb. veg., Dulc., Hepar., Puls., Sulph.

## II. PROTRACTED OR CHRONIC:

1. *From General Debility*.—Ars., Calc., Carb. veg., China, Ferr., Nit. ac., Sulph.

2. *From Nervous Susceptibility*.—Bry., Caust., Igna., Lyc., Nux vom., Zinc.

## III. PRINCIPAL COMPLICATIONS:

1. *With Convulsions*.—Acid. hydro-cyan., Bell., Cham., Cina., Lob., Nat. m., Coffee, Cup., Nux vom., Op.

2. *With Gastric Symptoms*.—Ant. tart., Ipec., Lob., Nux vom., Puls., Sang.

3. *With Intermittent Symptoms*.—Arn., Ars., Bry., Calc., Cina, Nat. m., Nux vom., Puls.

4. *With Bronchitis and Pneumonia*.—Acon., Ant. tart., Bell., Bry., Cham., Hyos., Merc., Phos., Puls., Rhus, Sulph.

5. *With Hydrocephalus*.—Acon., Bell., Bry., Camph., Canth., Cina, Glono., Hyos., Merc., Opi., Simar.

6. *With Apoplexy*.—Arn., Bell., Bary., Cocc., Lach., Laur., Merc., Nux vom., Opi., Puls., Stram., Zinc.

## THERAPEUTIC INDICATIONS.

*Aconitum*.—Sharp, dry, catarrhal cough, particularly at night; dry cough, with heat, thirst and great restlessness.

Specially adapted to the first or catarrhal stage, or whenever there is much fever.

*Arnica*.—Dry, painful cough, induced or followed by crying and lamentations.

Particularly applicable to the declining stage.

*Belladonna*.—Spasmodic cough, attended with great cerebral congestion, bleeding at the nose and mouth, suffusion or ecchymosis of the eyes, great oppression of breathing, and convulsions.

This remedy is invaluable in pertussis, not so much by its power to control spasmodic action, as by its power to ward off and to lessen both congestion and inflammation, especially those of a cerebral and pulmonary character.

*Carbo veg.*.—Convulsive cough, particularly in the first part of the night, with sore throat, burning in the throat and chest, shooting pains in the head, red and watery eyes, and vomiting.

Particularly adapted to the latter part of the first, and commencement of the second stage; also when there is great exhaustion.

*Chelidonium*.—"Great tension over the neck, and in the throat, above the larynx, as if the parts were constricted."

This remedy may be used to advantage whenever there is a sensation of choking or strangulation. Highly useful in certain epidemics.

*Cina*.—Paroxysms attended with rigidity, and followed by a clucking or gurgling sound in the throat; also, when there is paleness of the face, or faintness, and especially when there are verminous symptoms, such as bloating, griping, itching of the nose and anus, etc.

*Corallium*.—Painful, spasmodic cough, with expectoration, and with great congestion of blood in the head and face.

This remedy is particularly adapted to the second or convulsive stage of whooping-cough, but as it seems to antidote the "materies morbi," it may be advantageously given at an earlier period.

*Cuprum*.—Frequent convulsive paroxysms of coughing, with lividity of the face, and followed by rattling of mucus in the chest, vomiting, and trembling of the limbs; also, when attended by rigidity, suspended respiration, and insensibility.

*Drosera*.—Violent paroxysms of coughing, either with or without fever, shuddering, warm perspiration, particularly at night; cough worse at night, or during repose, and ameliorated by movement.

*Hepar Sulph*.—Dry, rough, hollow cough, burning of the face, hands and feet, disposition to vomit after the paroxysms, weeping mood, emaciation.

This remedy is more especially indicated in the declining stage, or when there is a tendency for the disease to become chronic.

*Ipecacuanha*.—Anxious, suffocative cough, with blue face, vomiting of slimy mucus, and rattling in the throat and chest.

Specially adapted to cases complicated with gastric disturbance.

*Lobelia*.—Convulsive paroxysms, with pains in the chest, tightness of breathing, and sensation of fullness or choking in the throat.

*Mercurius*.—Convulsive paroxysms, with bleeding at the nose and mouth, vomiting, restlessness, nightly perspiration, burning in the larynx and trachea.

*Mercurius* is also adapted to cases complicated with vermic symptoms, either after or in alternation with *Cina*.

*Nux vom.*—Dry, hard, choking cough coming on after midnight or in the morning, and accompanied with bleeding at the nose and mouth, vomiting, blueness of the face, constipation.

*Pulsatilla*.—Loose, hoarse cough, with vomiting; scanty mucous or purulent expectoration, slimy diarrhœa, loss of appetite, putrid taste in the mouth, worse towards evening.

*Pulsatilla* is eminently adapted to cases attended with gastric derangements.

*Sanguinaria*.—Severe, tormenting cough, with coryza, sensation of swelling in the larynx, redness of the face, and expectoration of thick mucus.

This remedy is highly useful in many cases for the catarrhal symptoms; also for bronchial and pulmonary complications.

*Veratrum alb.*—Convulsive cough, with constriction of the larynx, rattling of mucus in the chest, anguish about the heart, suffocative breathing; fever, thirst, blueness of the face and lips, involuntary emission of urine while coughing, anxious expression of the countenance, protrusion of the eyes, cold perspirations, extreme weakness and prostration.

This remedy is particularly adapted to the second and third stages, especially when the child is very weak, and the remedies above-mentioned have proved insufficient.

CLINICAL OBSERVATIONS.—*Chelidonium maj.*—Dr. E. Burdick says: "There is one remedy which I have used with entire success in hundreds of cases, either cutting the disease suddenly short or ameliorating the severity of the attack—namely, *Chelidonium majus*. I have had, in a few cases, to resort to *Cuprum* after the *Chelidon*."

*Corallium rub.*—Dr. Lodge Sen'r says of this remedy: "Some physicians rely almost exclusively upon this agent in pertussis and they never have patients in hand for months. We have known cases to be taken in the fall of the year and early winter, under most unfavorable circumstances (in orphan asylums and poor houses), and cured within a month. The *Corallium r.* was recommended by us in the 30th. dilution, but we have had the best success with the third trituration, (five grs. of the third trituration to half a pint

of water, taken in divided doses each day.) In a few instances Aconite and Phosphorus have been used, both in commencement and close, but for the characteristic spasmodic cough, *Corallium* has been the reliance, and the success has been most gratifying."

*Picrate of Ammonia*.—Dr. Hale, who uses the tincture for adults and the 1 x for children, gives this remedy on discs, a delicate lozenge made of albumen and sugar of milk, and will contain about two drops of the liquid. It is said to be very successful.

Dr. Couch says: "The remedies that I have found the most beneficial, in the largest number of cases, are *Cuprum met.* and *Drosera*. I never employ them lower than the 200 attenuation, and rarely exhibit more than two doses a day."

Dr. Teste, who first recommended *Corallia* for whooping-cough, says: "As soon as the amelioration produced by *Corallia* ceases, that is to say, at the end of four or five days at the most, it should be discontinued, and *Chelidonium majus* administered, of the sixth dilution, three doses in twenty-four hours, and continued, unless there is a renewal of the violent spasmodic coughing-fits, or convulsions in little children, or spasms of the glottis (all of which circumstances would call for a return to *Corallia*), until the evident transformation of whooping-cough into simple bronchitis. At this period of the disease, neither *Corallia* nor *Chelid.* should be employed, but *Pulsatilla*."

Dr. J. C. Kilgour gives his experience as follows: "A little girl, æt. three years, suffering with whooping-cough. I gave her drop doses of *Drosera*, first, and *Corallium rubrum* alternately every four hours, beginning the second week, not having seen her sooner, and continued this one week. The third week after the attack she was taken with convulsions and a great rigidity of the body, and cold sweat with great drowsiness after the paroxysm. I gave *Veratrum alb.* <sup>6</sup> one week, every two hours, and the fourth week I returned to *Drosera* alone, one dose a day, and by the end of the fifth week she was well. The old school physician of this place meantime said that pertussis could not be controlled, but would run its course in from ten to fifteen weeks.

*Kali iodatum*: A young lady, æt. nineteen: took *Iodide of potassium* in the catarrhal stage of whooping-cough and was entirely well in three weeks, not taking any other remedy and taking it only during the first week."

Dr. Conant says: "A child had a bad attack of whooping-cough, for which many drugs were prescribed ineffectually. One day in response to the question, "Does he raise anything?" the mother said, "*He always raises a little thick, yellowish mucus after a coughing spell*, and he seems to have no control of it, and it flies right out of his mouth half way across the room sometimes." He got *Badiaga* <sup>80</sup> twice a day. His cough soon became more moderate and easy, and under *Badiaga* he had a comfortable and speedy passage through pertussis.

*Suppressed Whooping-cough*:—"This child, seven months old had been suffering with whooping-cough for about a month. It was teething and it had considerable diarrhœa. The weather was intensely hot. I was called to see the child suddenly one day—and found it in a profound stupor. It had not nursed or been nursed for six or eight hours. The diarrhœa was checked, and it had not coughed or whooped or vomited for twelve hours at least. The head was very hot and the pupils closely contracted.

I prescribed for this condition *Cuprum acet.* 3d and *Bryonia* 3d in alternation every half hour. In twenty-four hours the diarrhœa had returned, the child coughed freely, but had not whooped or vomited, and it nursed a little. The pupils were still too much contracted, and it rolled the head a good deal. I thought *Hellebore*. was better indicated by all the symptoms than the *Bryonia*, so I alternated that remedy with the *Cuprum acet.* every hour. The next day the brain was entirely relieved, and I left the child on *Cuprum* alone every four hours. A mustard foot bath was also used on the first day.

I have verified abundantly this season the curative power of the *Castana vesca*, or common chestnut, over whooping-cough. I order a drachm of the mother tincture (made from the leaves) to four ounces of simple syrup, and give a teaspoonful three times a day and once sometime about the middle of the night."—*Dr. Holcombe.*

**DIET AND REGIMEN.**—The diet should be nutritious, but light and digestible, and care should be taken not to over load the stomach. Every thing of an indigestible character should be studiously excluded, especially when there is the least gastric irritation. Demulcent drinks, such as quince-seed tea, gum-arabic water, flaxseed mucilage, etc., are soothing, but require to be used in moderation.

The patient should be frequently taken into the open air, whenever the weather is pleasant; the clothing should be light and warm; and care should be observed to protect the patient from any exposure to damp or cold. Whenever convalescence is retarded, or the general health is greatly impaired, a decided change of air, especially if it be to a purer atmosphere, as from the city to the country, to the sea-side, or to the mountain regions, is highly beneficial, and will frequently put an end to the most obstinate attack.

## Materia Medica.

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PROF. S. A. JONES, ANN ARBOR, MICH., EDITOR.

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### WHO INTRODUCED PHYTOLACCA DECANDRA?

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*Says the Lecturer on Materia Medica at the London School of Homœopathy:*

“All our knowledge of the action of this plant is derived from provings made by our American colleagues, and from poisonings which have occurred in the United States. It was introduced into medicine, I believe, by that indefatigable student of Materia Medica, Dr. E. M. Hale, of Chicago.”

It is difficult to imagine what excuse this lecturer can offer for his stolid ignorance of the literature of Homœopathic Materia Medica.

The first edition of Hale's *New Remedies* was published in 1864, and in it Dr. H. says of Phytolacca: “Two provings are here given (one found in the Trans. Amer. Inst. of Hom., vol. II; the other lately made by Dr. W. H. Burt).” But, so far back as 1848, Hempel had given the “one found in the Transactions of the Am. Inst. of Homœopathy” in the second volume of Jahr's *Symptomen Codex*—a work of which this *Lecturer on Materia Medica at the London School of Homœopathy* should have, at least, a traditional knowledge.

One would have thought, too, that a glance at the *Authorities* in Allen's *Encyclopædia* would have saved this Lecturer on Materia Medica from making such a pitiful display of himself.

Perhaps a brief history of the *introduction into medicine* of Phytolacca decandra may be of interest to this Lecturer on Materia Medica.

The earliest mention of it by an American writer is the Rev. M. Cutler's, written 1784, and published in the first volume of the *Memoirs of the Amer. Acad. of Arts and Sciences*, p. 447, Boston, 1785.

"The roots," says this authority, "are emetic and cathartic, an ounce of the dried root, infused in a pint of wine, and given to the quantity of two spoonfuls, frequently operates very kindly as an emetic. In some cases it is preferable to most other emetics, as it hardly alters the taste of the wine. The roots are applied to the hands and feet in ardent fevers. Farriers give a decoction of them to drench cattle, and apply them, in form of poultice, for discussing tumors."

Quite an "introduction," and amply sufficient to call such attention to *Phytolacca* as we shall find it subsequently received.

*Phytolacca* is next mentioned by Schoepf in his *Materia Medica Americana*, etc., published at Erlangen in 1787—the lucky surgeon of the hireling Hessians having got home with a whole skin, and being enabled thereby to give the world a work which Rafinesque pronounces "classical on our *Materia Medica*."

Next in point of time is the *Inaugural Dissertation* of Dr. Benj. Shulze, published at Philadelphia in 1795—a copy of which may be found in the library of the Pennsylvania Hospital, and the only one known to us.

Then follows *The American Herbal or Materia Medica*, published by Samuel Stearns, L. L. D., at Walpole, in 1801. This author repeats, in true herbalist fashion, what Dr. Cutler had said of *Phytolacca*, and gives the following additional information:

"The juice of the leaves or berries inspissated in the sun, to the consistency of an extract, is said to destroy cancers by eating them out by the roots.

"The expressed juice of the berries, mixed with brandy, is extolled by some people for the cure of the rheumatism.

"The leaves are said to be anodyne, and the juice of the whole plant is sharp and corrosive.

"The juice is not used internally, but inspissated in the sun to the consistence of an ointment, is applied to cancers and ulcers, for destroying their calosities.

"The roots are roasted, and applied as a poultice to ulcers which are accompanied with hard tumors and calosity; it dissolves them.

"The plant is good in rheumatic affections, and in those proceeding from a venereal taint it exceeds opium; it also removes the itch and herpes."

Evidently "introduced" to quite an extent to the people, who so often precede the profession in a knowledge of the virtues of simples.

In 1804 B. S. Barton, M. D., published Part Second of his *Collections for an Essay toward a Materia Medica of the United States*—a copy of which the afore-mentioned "Lecturer on Materia Medica" can find in the library of the Medico-Chirurgical Society of London.

Although Professor of Materia Medica, Natural History, and Botany in the University of Pennsylvania, Dr. Barton did not disdain the *American Herbal* just mentioned. He says, "Some of the medicinal powers of this plant have long been known to Kalm, Vogel, Haller, Allioni, Schoepf, and others," but he evidently follows Stearns in specifying its virtues:

"The ripe berries, infused in brandy, or wine, especially the former, are a popular remedy for rheumatism, in many parts of the United States. This tincture of Poke (*Tinctura Pytolaccae*) is certainly a valuable medicine in cases of chronic rheumatism, and other similar affections. Like the volatile tincture of gum Guaiacum, it has sometimes done injury; as might indeed be expected from an active medicine in the hands of the injudicious or ignorant. It may, I believe, be safely exhibited in most of the cases of rheumatism in which the Guaiacum has been used with safety and advantage.

"In the rheumatic afflictions which frequently succeed to the venereal disease, it seems to be a more valuable medicine than the Guaiacum, and may be advantageously employed especially along with calomel, or other preparations of mercury. I have employed the ripe juice of the berries, inspissated to the state of an extract, in scrophula. The juice, in the same state, has, I am informed, been advantageously employed in cases of cancerous ulcers. These ulcers were dressed with the extract spread upon linen, or upon the leaf of the plant. But the juice of the leaves, applied in the same manner, is said to have been found more efficacious. I am inclined to repose some credit in the testimonies which I have collected concerning the utility of the extract of Poke in the cases just mentioned."

Now, the Faculty having nodded its learned head approvingly, the remedy is "introduced" to all but a "Lecturer on Materia Medica."

Phytolacca was next written up in 1817 by Dr. Geo. Hayward, *New England Journal*, Oct.; by Bigelow in his *Amer. Medical Botany*. Vol. I. and by Dr. James Thacher in his *American Modern Practice*.

In 1818 it appears again in W. P. C. Barton's *Medical Botany*.

In 1821 it is treated of at some length in Thacher's *New Amer. Dispensatory*, 4th. edition.

In 1822 Bigelow again presents it in his *Sequel to the Pharmacopœia of the United States*.

In 1825 it finds place in the American edition of Paris's *Pharmacologia*, by Prof. Ives.

In 1827 it is presented in Prof. J. R. Coxe's *U. S. Dispensatory*, Seventh edition.

In 1829 it was incorporated in Edward's *Manual of Materia Medica*.

In 1830 Rafinesque gives it in the second volume of his *Medical Flora*, etc., and in the same year its virtues are given at length in Smith's *Botanic Physician*.

In 1833 it found its way by "divine right" into the first edition of the *U. S. Dispensatory*, by Wood and Bache, and henceforth not to know its *prestige* were shame indeed.

Now let us recapitulate its "introduction:"

1784. Cutler. First.

1787. Schoepf. Second.

1795. Shulze. Third.

1801. Stearns. Fourth.

1804. B. S. Barton. Fifth.

1817. Hayward. Sixth.

" Bigelow. Seventh.

" Thacher. Eighth.

1818. W. P. C. Barton. Ninth.

1821. Thacher. Tenth.

1822. Bigelow. Eleventh.

1825. Ives. Twelfth.

1827. Coxe. Thirteenth.

1829. Edwards. Fourteenth.

1830. Rafinesque. Fifteenth.

" Smith. Sixteenth.

1833. Wood and Bache. Seventeenth.

Of this goodly number we must beyond doubt regard *Schulze* as the introducer. Dr. Hayward employed it extensively and his investigations enlarged the knowledge of its virtues. Bigelow's elaborate work—a noted production in its day—served to call attention much more emphatically to the “new remedy,” and Thacher's *Dispensatory* contains the fullest statement of any that has appeared in old school literature. But, be the honor given to whom it may, one thing is certain, namely: the remedy “was introduced into medicine” long before the “indefatigable” Hale had migrated from the paternal epididymis.

Even if the Lecturer on *Materia Medica* meant introduced to *homœopathic* medicine, he is still egregiously in error.

Hahneman was aware of the significance of this drug. He says: “The symptoms produced on men by the *Phytolacca decandra* deserve to be particularly described. It is certainly a very medicinal plant. In animals it causes cough, trembling, convulsions.” *Essay on a New Principle*, etc., 1796. He undoubtedly got his knowledge of it from Schoepf, and would have read Schulze's Inaugural Dissertation with much satisfaction.

But *Phytolacca* was left to the Allentown Academy “to be particularly described.” It was proved there in 1835 by one Kummer, and Dr. Geist; while in 1835-6 and 7 it was proved by Drs. Bauer and HERING. In 1846 it was again proved by Drs. Jeanes, Williamson, Kitchen, E. M. Smith and Neidhard.

When the provings were presented to the Amer. Institute of Hom. I am unable to determine, and Dr. T. F. Allen says the volume of Transactions containing this pathogenesis was “not to be had” when he sought it while editing the *Encyclopædia*. However, the pathogenesis as given by Hempel in the *Symptomen Codex*, in 1848, represents the work of nine persons, among whom are such experts as Jeanes, Williamson, and CONSTANTINE HERING.

In the face of all this we are told by the *Lecturer on Materia Medica at the London School of Homœopathy*: “It was introduced into medicine, I believe, by that indefatigable student of *Materia Medica*, Dr. E. M. Hale, of Chicago!”

As HERING was the guiding spirit at Allentown he doubtless instigated, though he did not initiate, the proving of *Phytolacca decandra*; being probably led thereto by the Hahnemannian injunction that its symptoms deserved to be particularly described.

S. A. JONES.

Ann Arbor, July 24th, 1881.

THE CURSE OF THE "KEY-NOTE" SYSTEM.

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Quite recently the writer was called as counsel by an ardent high potency practitioner whose boast is that he never goes lower than the 30th.

In a six-mile drive, from the railroad station to the house of the patient, he had plenty of time to give me his views of the case. He said he had sent for me just to satisfy the parents that nothing could be done; that he had found the "key note," and yet the remedy had failed though given in various potencies; that he knew he had *the* remedy, because only one remedy had that "key note."

I listened to this twaddle for about two miles of the ride, and mentally diagnosticated *that* "key note," and my conclusion was that I would find it in "*A flat.*"

But my companion soon divulged *the* "key note," and here it is: "*The child is good all day, but screams all night.*" Said he: "I saw a case just like it in a journal, awhile ago, and *Jalapa* <sup>80</sup> cured, though that was low."

I enquired what he thought was the matter with the child, and got for a reply that he "doctored patients, not diseases."

I mildly suggested that, in my experience, patients usually had diseases, or rather diseases *had* the patients, and that diseases had names, etc. He said he knew I was one of those "pathology men," but *he* wasn't; he had no more use for "pathology" than Hahnemann had. I subsequently found that he *had* use for pathology, but no pathology to use. I have found quite a number in the same predicament, and it is generally true that the louder the contempt for "pathology" the greater the ignorance of it.

On reaching the house, we found a male child, nine and one-half months old, lying on his back in a cradle, and "good"—that is quiet. The size of his head would at once attract attention; and on running the hand over it, a large, open, anterior fontanelle, with no "bulging," would suggest an enquiry as to how many teeth he had. Parting the lips, shows him to be edentulous.

"Doctor, he has no teeth." "I know it," was the response from the high potency man.

Says Sir Wm. Jenner: "If the ninth month passes without the appearance of a tooth, the cause will almost always be found in rickets"—but what did our high potency man know of Sir Wm. Jenner?

The hand was slidden under the little blanket, and the child's right knee was grasped between the thumb and index finger, and the bulbous joint was compressed. A pitiful cry was the immediate response, and this was repeated on squeezing the left knee.

"Does the child cry when you take it up, or when you handle it?"

"Yes," said the mother, "'pears he don't want to be handled; he jus' likes to lie quiet like."

On request she took the babe from its cradle. What a poor, helpless bit of humanity—as limp as a wet rag. He had never lifted his head. "'Pears he ain't no strength," said the mother.

The not-high potency reader needs no further details to know that we had before us a case of rachitis, and an unusual one from the extremely early age at which it supervened.

Truly enough, he was "good all the day" and he did make night hideous by his continued screaming. That was what the parents wanted relieved; what the doctor wanted to relieve—it was also a high potency man's "key note." God save the mark!

The doctor and I retired to the orchard for "consultation" (?). Can I ever forget his incredulity when he was assured that the "screaming" was a symptom for which both parents and doctor should be extremely grateful. But his face grew thoughtful when, on that July afternoon, the "pathology" and the pathological anatomy of rachitis were made known to him.

Why *Lactic acid* was given, the high potency man will never know; but it stopped the nocturnal screaming, and in one high potency man's note book it takes rank with *Falapa*, and will probably be used by *him* when *Falapa* fails!

Did it ever occur to you, O Reader, that there is as much empiricism among high potency men as can be found anywhere? They give a "remedy" on a "key note," because some one has found it "good" and published a "case," and their vaporings about "the totality" are the thinnest of—lies. Some may deem it more polite to say *pretences*, but what is a pretence other than a lie without a backbone—a sneaking lie?

This high potency "key note" practice is so independent of "pathology" that it gives *Alumina* for gonorrhœa on the salient "key note"—"*He desires clean white rags.*"

But the curse of the "key note" system is not felt in private practice alone; it is also destructively operative in our Colleges. Take a very recent instance for an example of "key note" men as Medical Educators.

A certain State Medical Society recently held its annual session in one of our medical colleges, and the lectures were suspended in order that the faculty might participate.

During the session the president announced that a physician had brought a case to the college clinic for diagnosis, and to get advice as to its treatment; he having found diagnosis difficult, and treatment unsatisfactory. He further said that the professor of clinical medicine had declined taking the case. Whereupon the said professor of clinical medicine arose and said to the Society that the case did

not belong in his clinic; that it was "*a surgical case*"; that *he* was not a surgeon, and that the professor of surgery was absent, etc.

The patient was then produced, and almost at a glance, several members diagnosticated *posterior spinal sclerosis*—the case being an aggravated instance thereof.

On motion, the president named a committee of three to examine the case and report; and, least any "*surgical*" features should be present, a surgeon was included in the committee. Their examination failed to find "*a surgical disease*" in a case of purely nervous disease, and their report was an emphatic compliment to the chair of Theory and Practice, and to the chair of Clinical Medicine in *that* College—both of these chairs being filled(?) by a brace of "*key note*" Internationals.

It was, indeed, an impressive spectacle: a private practitioner, having a case beyond his comprehension, turned to our Medical Educators for the benefit of their superior knowledge; submitted the case to the men appointed to teach the Theory and Practice of Medicine, and was told that it is "*a surgical case*"; that the professor of Surgery is absent, and that they can do nothing with a "*surgical*" disease.

The case, being thus declined by these Medical Educators, is turned over to three members of the society, and from them the enquiring physician learns that which he had vainly sought from a couple of "*key note*" International professors.

Meanwhile, one portion of the audience is most peculiarly interested in this transaction; and, when the report of the committee is being made, their faces are a study: they are overwhelmed with a sense of the capacity of the Medical Educators by whom they are taught. They expect their *teachers* to spring up and defend, or explain, their *quasi* diagnosis of a "*surgical*" disease; but their teachers(?) are imprudently silent—they, forsooth, are Medical Educators, not Exculpators.

The State Society, too, seemed proud of these Medical Educators, and no longer doubted but that their homœopathic college would take rank as first in the land.

It was, indeed, a cheering spectacle, as, indeed, is every endeavor to gather figs from thistles; thistles being so prolific in figs, and, after the figs are gathered, such fine food for asses. Oh, that the asses would come this way, for the thistles are green in the head and watery!

Does it require the tenth part of a prophet to foretell the outcome from such Medical Educators? Will a School which is threatened with absorption tolerate such elements of decay; or if obliged to tolerate, as a "*necessary evil*", will it countenance and support such teachers?

S. A. JONES.

## Colleges, Societies, &c.

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ALBERT LODGE, M. D., DETROIT, MICH., EDITOR.

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### THE WORLD'S HOMŒOPATHIC CONVENTION.

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London England, July 20th, 1881.

Mr. Editor:

It may be of interest to your readers to learn somewhat concerning the 2nd International Homœopathic Convention just closed, as meetings of this character indicate the well being of Homœopathy at large, and somewhat as land marks show our progress, our present status, and the future prospects of our cause.

Judging by numbers, our meeting was not encouraging; not more than two hundred were in attendance, and these were chiefly our British brethren. We could count only about thirty representatives from America, few from the continent, but two from France, and none from Germany, the fatherland.

The reason for this poverty of numbers, and the manifest absence of enthusiasm, is doubtless owing to the fact that Homœopathy is neither growing nor flourishing except in America, and this is owing to causes almost impossible to overcome at present. One is the retarding influence of conservative opinions, and the fixed policy of all governments *against new ideas*. This makes it impossible to organize schools and grant licenses to practice Homœopathy in any country outside of America, therefore all recruits to our ranks must come from the graduates of the old schools, who must dare both social and professional ostracism if they embrace the new doctrines. Again, our strength is wasted and our forces divided abroad by the same idle questions of "high and low dilutions," and "alternation of remedies," as in America. The result is, that either party affiliates more quickly with the common enemy, than with each other. This feeling is very bitter, especially in France, and is more disastrous in such communities than it can be in an atmosphere of tolerance and liberty.

But such internicine wars must be endured until we outgrow the adolescent age, and have advanced to man's estate: we must pass

from the age of credulity to the age of reason, not only as individuals but as a school of medicine: in other words, we must raise the doctrines and practice of *Similia*, from an impracticable dogma, into a demonstrable scientific truth that *is available to all men*.

And this was the feature of this Convention that made it a success notwithstanding the present discouraging outlook, for it marked an era in Homœopathy, and gave evidence that we had passed the period when the time of our Conventions could be consumed in controversy, or in detailing Quixotic flats at the bed side; we were now thinking more and talking less; we were grappling with the fact that a strict adaptation of remedies to disease by special symptoms alone, was not generally practicable, and could not be made so, and there must be and there was a broader and more scientific *similia* to be found in a new study of Pathology, and a new reading of drug effects upon the healthy.

Again it was felt that the Homœopathic cause was prejudiced and hampered by the dogma of high attenuations having been made an essential in our doctrines, by the claims of a few extremists who misrepresented the profession, and there was need of an authoritative denial by a representative body, who should define our belief as a school of practice, and while granting the right of individual opinion, they should fix a standard limit of drug attenuations which should be one in which the presence of the drug could be made clearly evident either by physiological, chemical, or microscopical tests.

For the first time in the history of our Conventions its hours were not consumed in reading lengthy ill digested papers or interminable rambling discussions. Every paper to be submitted, had first to pass the criticism of a board of censors, and if it was either controversial or stale and flat, it died still-born: if accepted, it was presented in a brief but fair abstract by one of the board.

After a number of papers bearing upon the same topic had been thus presented they were criticised one by one at length, first by appointed critics, and then by the audience as they desired: finally each essayist had an opportunity to defend his paper before the subject was closed. In this manner much business was despatched in a short time and in a very thorough and satisfactory manner, the essayists though they at first felt disappointed at finding their papers so much abridged, finally became reconciled, knowing they would have a full and impartial hearing in the published transactions.

This methodical arrangement of the business of the convention only illustrates the thorough executive ability displayed by our President, Dr. Richard Hughes, in many other ways during the Proceedings. I should add that his opening address deserves to be made part of the standard literature of the Profession. His thought was chiefly: Scientific excellence and professional amity the great desideratum before us. He also gave an excellent essay upon "Gener-

alization and Individualization," which will set the ripest of our scholars to thinking.

I have reason to believe that these, together with the other papers and proceedings of the convention, may be obtained shortly at a moderate cost by any one who may desire them, and they may be sure they will have therein the freshest and most advanced thoughts of many of the best minds in our school the world over.

Concerning the meetings—after a preliminary reception by the President on Monday evening, July 11th, we organized on Tuesday and thereafter held one session daily from 2 to 8 P. M. During the morning hours sectional meetings were held which reviewed the papers and prepared criticisms for the following day. On Wednesday evening the British Homœopathic Medical Society entertained us elegantly, the company being graced by the presence of many friends and sympathisers who occupy high social position. On Friday evening the farewell supper capped the sheaf of good things that had been done for us, and proved that English hospitality is unequalled in the world. It was not only the good things eaten and drunken, but the hearty expressions of good feeling towards us as physicians as well as Americans that made us as a delegation, of one mind, that this had been the most delightful and enjoyable week in all our experiences.

I for one shall keep its memory green, and I shall return to my home in Chicago feeling that it is good that I came, and I shall strive earnestly to persuade others to attend the next meeting of the World's Homœopathic Convention, probably to be held in Brussels five years hence, when it is hoped our American fraternity will be present in greater numbers.

A. W. WOODWARD.

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CHICAGO HOMŒOPATHIC COLLEGE building approaches completion and presents a very fine appearance. It will be ready for occupancy before the term opens, and will doubtless add to the deserved popularity of the institution. Students are already matriculating and making choice of seats, and we are glad to learn that a number of these have had the advantages of a superior preliminary training. Since the issue of the regular announcement, Prof. F. G. Roberts, lately of Ionia University, has removed to Chicago to practice and has been added to the faculty. He will share the chair of Gynæcology, with Prof. Streeter.

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DISTRICT OF COLUMBIA.—An association has been formed in this district to establish a Homœopathic Hospital which shall be National. The Executive Committee will be glad to receive any contributions through Hon. M. Blair, Chairman, or C. B. Gilbert, Cor. Secy.

NEW YORK HOMŒOPATHIC COLLEGE opens on October 4th; The corps of teachers in this Institution is second to none, and its superior clinical advantages keep it steadily in the front rank.

HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO commences its twenty-second winter session on the fourth of October. Fees are low and advantages equal to Colleges charging higher.

CLEVELAND HOMŒOPATHIC HOSPITAL COLLEGE issue a very attractive announcement and will doubtless retain its well deserved popularity. The session commences Sept. 28.

PULTE MEDICAL COLLEGE. The annual session commences Sept. 28th, and closes March 2nd, 1882. Thirty-nine lectures a week, with the advantages of the Cincinnati Hospital. Six College Clinics every week.

UNIVERSITY OF MICHIGAN HOMŒOPATHIC COLLEGE commences October 1st.

HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA commences on October 4th; and continues until March 1st. For particulars address Prof. A. R. Thomas, Dean, 937 Spruce St. Philadelphia.

WARD'S ISLAND HOMŒOPATHIC HOSPITAL, Dr. A. P. Williamson chief of staff, reports 729 patients for July, mortality only 2.02 per cent.

ONE ABSOLUTELY FIRST CLASS COLLEGE is all that the homœopathic profession needs. So says the New York Medical Times. We may have too many Colleges, and too many Journals, but it would not be any more practicable to fuse all the Colleges into one than to unite all the Journals in one.

LADY PHYSICIANS were not admitted to the old school International Medical Congress. *Why not?*

NEW YORK STATE SOCIETY semi-annual meeting will be held at Watkin's Glen, N. Y. on Sept. 6th and 7th.

NEW YORK OPHTHALMIC HOSPITAL FOR EYE AND EAR, CORNER 3rd AVENUE AND 23rd STREET report for the month of June and July:

Number of Prescriptions, June 3661, July 3299, Aug. 3775.

" " new Patients, June 569, July 506, Aug. 620.

" " Patients resident in the Hospital, June 10, July 12, Aug. 17.

Average Daily Attendance, June 141, July 127, Aug. 140.

Largest " " June 181, July 197, Aug. 191.

Chas. DEADY, M. D., Resident Surgeon.

## Miscellanea.

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**COCA BEEF TONIC.**—Dr. H. R. Bennett, M. D., of Fitchburg, Mass., says in a paper read before the Mass. Surgical and Gynæcological Society, (Dec. 1, 1880): "One of the best tonics to build up a broken down constitution from a long standing endometritis is Liebig Co.'s Coca Beef Tonic." Professor C. A. Bryce (Southern Clinic for July) says: "It is a really wonderful reconstructive agent, building up the general system and supplying lost nervous energy. In all wasting diseases, and broken down constitutions, it is *the* agent."

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**ACCURATE.**—Our colleague, Dr. J. H. M., writes: "It was my intention to acknowledge to you or the printer, as the case might be, my satisfaction with the accuracy with which the last article I furnished was printed. I believe there was not a single mistake, which is not very common in the hasty manner of the present day. The article consisted of an attempt to illustrate the mathematical principle upon which I considered extraction with the forceps to be effected, and whatever the attempt may be worth, something or nothing, I was anxious that typographical errors should not obscure the intended meaning."

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**RECTAL ALIMENTATION.**—From experiments made in Prof. Vulpian's laboratory, M. Catillon infers that in order to secure the full benefits of injected foods, they should first be transformed into peptones. For one enema he used—peptones of meat (the solution saturated at 19c.) 40 grammes (about 1½ ounce); water, 100 grammes (about 3½ ounces); *Laudanum*, a few drops, and bi carbonate of soda, 30 centigrammes (4½ grs.)—*L'Abeille Medicale*.

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**INDIA RUBBER SURGICAL APPARATUS.**—In order to prevent India rubber surgical apparatus from becoming hard and brittle, and losing their elasticity, or to restore it to them, Dr. Pol recommends that they should be steeped in a mixture of one part of *Ammonia* to two parts of water, and to be left in it from some minutes to half an hour, or an hour at the most, until they regain their original elasticity.—*Cin. Lancet and Clinic, April 30, 1881*.

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**DELAY** in publication of this number has been more than annoying, but printers promise September number within two weeks.

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**BOOK NOTICES** are unavoidably delayed.

## The Laugh Cure.

"A MERRY HEART DOETH GOOD LIKE A MEDICINE."—SOLOMON.

**CARLYLE AND TOBACCO.**—Carlyle once rode sixty miles to Edinburgh to consult a doctor, "having," as he said, "reduced my perplexities to a single question: Is this disease curable by medicine? or is it chronic, incurable except by regimen, if even so? This question I earnestly put, and got the response, 'It is all tobacco, sir; give up tobacco.' Gave it instantly and strictly up. Found after long months, that I might as well have ridden sixty miles in the opposite direction and poured my sorrows into the long, hairy ear of the first jackass I came upon as into this medical man's, whose name I will not mention."—*Exchange*.

### AN EPITAPH "ON A QUACK."—

"I was a quack, and there are men who say  
That in my time I physick'd lives away;  
And that at length I by myself was slain  
With my own drugs, ta'en to relieve my pain.  
The truth is, being troubled with a cough,  
I—like a fool—consulted Dr. Gough,  
Who physick'd me to death at his own will,  
Because he's licensed by the State to kill!  
Had I but wisely taken my own physic,  
I never should have died of cold and tisick.  
So all be warned, and when you catch a cold,  
Go to my son, by whom my medicine's sold."

—*Medical Times and Gazette*.

**GYMNASTICS.**—(*Figaro*).—M. Prudhomme lauds the advantages of gymnastics. "There is nothing like it for the health," he says; "it increases a man's strength, prolongs his days." "But our ancestors did not practice gymnastics, and yet"—"they did not, and what is the consequence? They are dead, every man of them."

**SIGHT INJURED** by rubber clothing, say some doctors. The *Yonkers' Gazette* says: "So is leather; at least we have heard of leather being used to make a horse-blinder."

**HIGH.**—A murderer's defence of transitory mania, is said by the *Boston Globe* to be curable by hanging the subject of the disease up by the neck.

## Necrological.

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BRANTIGAM.—At a meeting of the Medical Board of the Homœopathic Hospital, Wards Island, the following preamble and resolutions were adopted:

WHEREAS, It has pleased the Divine Creator to remove from our midst, at the very outset of his career and in the first flush of his youthful hopes of professional success, Dr. C. W. Brantigam, and in view of the fact that in the performance of his duty to the sick, afflicted with typhus fever, he fell a victim to that malignant disease, at the Hospital, while in active discharge of his duty as Interne, to that Institution, therefore, be it

*Resolved*, That the Medical Board of the Homœopathic Hospital, Wards Island, has learned with profound sorrow, of the death of Dr. C. W. Brantigam.

*Resolved*, That it is a fitting occasion for the entire staff to the hospital, to express its appreciation of the services of its Interne; of his bravery, in the untiring attention to those suffering from the malignant disease from which he perished; and of the manliness and fortitude, which to the end of his life, he exhibited in the strict performance of his duty.

*Resolved*, That the sadness engendered by the death of one so young, must be combined with high admiration for the manner in which, with "his harness on," and in the *front* of the battle, he was suddenly summoned to the presence of his Maker.

*Resolved*, That these expressions of our estimation of his life, his character, and his noble death, be presented with the sincere sympathy of the Medical Board of the Hospital, to his bereaved family and friends, and be published in the medical journals of the country.

Attest: ALFRED H. HILLS, Secretary.

FOSTER.—George A. Foster, M. D., a well-known and deservedly popular physician of Detroit, died on Sept. 5, 1881. His partner, Dr. D. O. Farrand, pays this beautiful tribute to his memory: "He was naturally the best physician I ever knew. His inclinations seemed to be all that way. Perfectly self-reliant, a very fine diagnostician, he was thoroughly devoted to his profession. He had the keenest sense of personal honor toward a patient, it made no difference whether rich or poor, unless, indeed, he favored the poor a little. I think he took a little better care of them. Though our business amounted to thousands of dollars a year, there never was the scratch of a pen between us. I never knew any other man whom I trusted so thoroughly, and never shall know any one again with whom my relations can be the same, for we were both young men when we became associated together. In all these years we never had an angry word with each other."

# Materia Medica.

PROF. S. A. JONES, ANN ARBOR, MICH., EDITOR.

## ON PHYTOLACCA.\*

BY ALFRED C. POPE, M. D.

*Lecturer on Materia Medica at the London School of Homœopathy.*

The *Phytolacca decandra*, belonging to the natural order *Phytolaccaceæ*, is a plant some six to nine feet high, found in the United States of America and also in the south of Europe and in the Barbary States. The parts used in medicine are the roots and the berries, of which the latter would seem to be the more active in medicinal properties.† The root is large, often exceeding a man's leg in thickness, and covered with a brownish bark. The berries when young are greenish, but become purple after ripening. The period of flowering is autumn.

All our knowledge of the action of this plant is derived from provings made by our American colleagues, and from cases of poisoning which have occurred in the United States. It was introduced into medicine, I believe, by that indefatigable student of *Materia Medica*, Dr. E. M. Hale, of Chicago.‡ It is a drug which appears to have been exceptionally well proved on the human subject, exhibiting an action of a very powerful character, and giving rise to morbid conditions of considerable importance. Nevertheless, it has not, at any rate in England, been studied with the care necessary to that frequent use, which might, I think, be advantageously made of it.

It is a traditional remedy in the Western States of America in many chronic diseases among human beings, and also in inflammation of the udders in mares and cows.

The cases of poisoning, and various experiments *in corpore sano* which have been made with it, show that it influences the cerebro-spinal system, the mucous membrane of the gastro-intestinal track, and slightly that of the respiratory organs, the skin, perios-

\*A Lecture delivered at the London School of Homœopathy, February, 1881. *Monthly Homœopathic Review*.

†The tincture of the green root is probably ten times more active than the tincture of the berries.—E. A. L.

‡See Observer, current volume, p. 378.

teum, and glands, while it also irritates to some extent the male sexual organs.

How widely its influence extends, and how various the tissues it irritates, this brief summary will show you.

It is essentially a tissue-irritant. Violent as is its action on the stomach and intestines, severe as are the pain and vomiting it excites, little or no active fever is produced by it. With small doses there is some slight increase of heat, but when the quantity taken has been considerable, coldness, prostration, and more less profuse perspiration manifest the profoundly depressing influence it has upon the organism.

The most striking effects to which it gives rise consist of inflammation in the throat, stomach, and intestines, convulsions of a tetanic character, and a peculiar, severe, and enduring inflammation of the skin.

In going now more into detail, I will first of all describe the kind of headache which characterises the general action of *Phytolacca*.

With a marked indifference to ordinary sources of interest, there are vertigo—generally associated with nausea—a dull heavy feeling in the head, with sickness, a sore pain in the head, especially in the temporal region, a sensation of soreness in the interior of the head. A dull heavy pain in the forehead is described by the prover, Dr. Burt, as being a constant symptom. Dull pressing pain in the forehead, accompanied by slight nausea, with cool perspiration on the forehead and slight nausea. One sided pain just above the eyebrows, with sickness of the stomach; pressure on the temples and constrictive feeling at the precordia, like the sensation that precedes seasickness; pressure and bruised sensation at the top of the head; dull bruised pain at the occiput.

These symptoms are such as have marked not one case of poisoning, or one set of experiments, but they recur repeatedly in the analysis of numerous cases or experiments. They show, I think, clearly enough, the intimate connection of the headache with the gastric derangement the drug produces, to which I shall draw your attention presently. It is a reflected, a sympathetic headache, not one dependent upon a primarily disturbed state of the brain or its meninges.

Hence you will often find *Phytolacca* to be indicated and consequently useful in the treatment of that too often intractable disorder known as sick-headache.

Before passing to the action of *Phytolacca* on the throat, I will briefly describe its influence upon the eyes.

The sunken appearance of the eyeballs and the livid circles around them, are part and parcel of the general constitutional disturbance—one of the indications of general prostration, and have no

strictly local significance. But beyond this we find a sense of smarting in the eyeballs, a feeling as if sand or grit were between the lid and the ball. The eyes ache, and are sore.

These symptoms reflect a certain degree of catarrhal inflammation. The tarsi are more distinctly inflamed. Thus, in one man 24 years of age poisoned by eating the grated root in mistake for horse-radish, the lids felt as if granulated, and the tarsal edges had a scalded hot feeling as if they were raw. In another instance, the eyelids were agglutinated and œdematous for two days. The eyelids are also described as being sore.

Drs. Allen and Norton of the New York Ophthalmic Hospital say that *Phytolacca* has been employed with some success in ameliorating if not curing such malignant ulcers of the lids as lupus epithelioma, &c. As an illustration they refer to a case of suppurative choroiditis (panophthalmitis) which occurred in the clinique of Dr. Liebold, in the right eye of a child after a needle operation for cataract. The lids were enormously swollen, very hard and red, the conjunctiva was chemosed, the anterior chamber filled with pus, and the cornea was tending towards suppuration, the child pale, weak and restless. *Phytolacca* externally and internally was given with marked relief, the inflammatory symptoms rapidly subsiding under its employment.

Further still, we find that *Phytolacca* gives rise to considerable lachrymation, and in the case of poisoning referred to just now, when agglutination of the eyelids occurred, there was also a disturbance of vision. Not only two, but four and five reduplications of an object were apparent; the objects whether double, triple, or otherwise, were in the same horizontal plane; the diplopia grew worse in the evening, and again three or four reduplications were visible on the following day; similar symptoms recurred on each of the two following days. In other cases we find vision to be obscure and light to be painful.

The catarrhal like state, which we have seen *Phytolacca* to produce in the conjunctiva, is also manifested in the Schneiderian membrane. Fluent coryza, nasal obstruction, and a tickling sensation in the nostrils have frequently been noticed. One prover describes the following group of symptoms, showing the continuity of irritation. "He first felt a burning sensation in the nose, then dryness in the throat, which was soon followed by soreness; then a watery discharge from the nostrils, which increased until the nose became stuffed."

The tongue is coated white, or is yellow and dry and swollen—the tip is red, and there is much pain at the root of the tongue, extending down the fauces. The soft palate and tonsils are swollen and congested; small ulcers are noticed on the inside of the

right cheek, and there is a greatly-increased secretion of saliva with a metallic like taste in the mouth.

The throat is red, sore, and swollen, with a thick, white, yellow mucus about the fauces. In several other instances it was livid and congested in appearance. There is a great sense of rawness and excoriation in the throat—it is rough and raw, and feels as if it were burnt. Further, there is a sense of suffocation in the throat—a feeling as if a lump were there—which causes a constant inclination to swallow, and at the same time there are great dryness, roughness, and soreness. The tonsils and palate are sore, swollen, and congested looking. The fauces are dry and swollen. Dr. Burt, a very heroic prover, says that he felt as if a ball of red-hot iron had lodged in the fauces and the whole of the œsophagus when swallowing; the pain was so great that he could take nothing but fluid for two days, and had a constant choking sensation. Dr. Williamson, of Philadelphia, after chewing some pieces of the fresh root, felt a dry sensation in the upper part of the pharynx, a disposition to hawk and clear the throat without relief—he finally raised some pieces of tough sticky mucus. Swallowing was difficult, and became so severe that he could not swallow even water. Every attempt to swallow was attended with excruciating pain shooting through both ears. Pressure and tension were noted as being felt in both parotids.

Such are the indications of the disorder set up by *Phytolacca* in the throat. Some years ago these symptoms were regarded as resembling those of diphtheria, but I think it will be obvious that they are wanting in some, which are pathognomonic of that much-dreaded disease, at any rate when fully developed. What they do resemble is a low type of ulcerated sore throat, not altogether unlike that produced by *Mercury*. *Phytolacca*, however, gives rise to more swelling and less ulceration than does *Mercury*. It is indeed a kind of throat which is common enough in epidemics of diphtheria, but it is diphtheroid rather than diphtheritic. Dr. Bayes describes several cases of diphtheria occurring when he practised in Cambridge, all of which were treated with *Phytolacca*, but at the same time *Carbolic acid* was applied to the tonsils and brought away the membrane in large pieces and “appeared to exercise a most happy influence over the subjacent mucous surfaces.” To true striking diphtheria *Phytolacca* presents no analogy; but Dr. Hughes regards it as specific when high fever with aching in the back and limbs are present. I am hardly disposed to go so far with him. *Phytolacca* gives rise to no high fever, but rather to one of a low type with great prostration. The throat and the cavity of the mouth are, as we have seen, swollen and livid, the tonsils are enlarged and so too are the parotids; there are also great soreness and difficulty in swallowing, but there is nothing whatever like the false membrane of diphtheria, and no offensive odour. If there is any reflection of the

diphtheria disease in the pathogenesis of *Phytolacca* it is but a budding diphtheria. If, however, *Phytolacca* is not calculated to deal effectively with the fully-developed diphtheria, it is still very valuable in some of the types of sore throat which closely approach it. Enlarged tonsils, enlarged parotids, a swollen congested mucous membrane, small ulcers here and there, with salivation mark many sore throats in low types of disease, in such and in what Dr. Hale, of Chicago, calls "cases of catarrhal inflammation of the head and throat, which closely simulate diphtheria"—it has proved very useful. In describing such cases, he says, "on exposing the fauces I have seen what appeared to be a large patch of diphtheritic membrane upon the posterior wall of the throat; but a close examination would prove it to be tough white mucus from the posterior nares elinging tightly there." Here the *Phytolacca* is clearly indicated, and has been found to be curative.

It is well to give the medicine not only by way of mixture with water, but as a gargle. It is very refreshing to the patient, and also cleansing to his throat.

The appetite for food appears to be considerably increased at first by *Phytolacca*, but in no short time it is entirely lost. There is also great thirst.

Eructations are frequent, and some nausea is a constant symptom. In a young woman, who had drunk freely of a strong infusion of the root, the following state was noted: "Nausea with the vertigo, immediately followed by violent retching and vomiting, ejecting the contents of the stomach, which consisted of ingesta. The vomiting continued at intervals of from one to five minutes, ejecting a transparent mucus slightly tinged with yellow." This nausea is attended also by a faint feeling, severe pain in the umbilical region, and, as I pointed out when speaking of the kind of headache produced by *Phytolacca*, by heat in the head, by a dull pressure in the forehead, somewhat relieved by eating, but soon returning with increased severity. In this instance, when the symptoms detailed were evoked by chewing the root and swallowing three or four grains of it, "vomiting occurred violently every ten or fifteen minutes, the nausea was relieved, and the pain in the forehead was increased by vomiting." The acrid vomiting in this case caused a feeling of excoriation and scraping in the throat—water and coffee taken to allay the retching were instantly rejected.

In this I think you will recognize the picture of many cases of so-called sick headaches—remember, I do not say all, but many. I feel sure that when such symptoms as these characterise a sick headache, you will find *Phytolacca* curative.

We also find that *Phytolacca* produces a kind of vomiting, characteristic of gastritis. Of this we have examples in the two following cases, both arising from eating the root. In one there was

mation, and about the same length of time to advance from the head to the feet, so that the eruption could be seen at one time in all its stages of development; there was no accompanying fever, no swelling. After *Merc. sol.* 3d x *trit.*, which relieved the sleeplessness and finally also the pains, the eruption grew worse rather than better, and even invaded the conjunctiva and mucous membranes of the nose and mouth; and now, after a lapse of three months, it is in the fauces and œsophagus, having entirely dissappeared from the external surface.

To what known morbid condition to liken this state is not easy. Erythema followed by ulceration, is perhaps most like it, but it is erythema of a type rarely, if ever, seen in practice. We will, however, consider it in connection with the next case I shall cite.

The following condition was set up in a man from eating the root for some trivial complaint.

“On the third day, after taking the medicine, an itching commenced on his hands and feet, and spread over the entire body. Four hours after this began a rash showed itself, following the same course that the itching did. With this the itching started with renewed force, and became so severe that he could hardly contain himself. The more he scratched the worse the itching grew; skin hot and dry: it seemed as if he would burn up; great desire to pour cold water on himself, which would relieve him for a few moments, but was always worse afterwards; he could not lie in bed, as the heat of the bed was more than he could bear, it aggravated the itching so badly; his skin was very red, and if he exercised so as to feel the least warm little vesicles could be discerned under the cuticle.”

Here I think we have an illustration of some inveterate cases of eczema. I remember seeing one some few years ago under the care of Dr. Wheeler, of Clapton. The patient went through much such a process as this, while the desquamation was something enormous. I do not recollect whether we gave him *Phytolacca*, but I rather think not. He ultimately recovered, chiefly by means of a course of hydropathic bathing. In such a case I should certainly advise you to give this medicine. The condition seems to be one of inflammation of the skin with effusion, terminating either in desquamation or ulceration.

In another case an itching on his left calf and then on the right was accompanied in the latter part of the time by a lichenous eruption, the itching lasting two or three weeks, and was always worse during the first part of the night, often keeping him from sleep. Dr. Hale, of Chicago, states that it has cured lichen-like eruption of the skin, and is especially useful in eruptions which form a part of a syphilitic disease, and also in lupus.

We will now examine the symptoms of the back and extremities. Glandular hardness in the neck was noticed by Dr. Burt and

several other provers, thus suggesting its use in such a condition, when arising as part of a diseased state. The neck is stiff, especially the right side, and worse during the night and on rising in the morning. Pains are felt in the muscles of the scapula, and a constant, dull, heavy pain is noticed in the lumbar and sacral regions, which is aggravated by motion. Shooting pains extend from the sacrum down both hips to the feet. Here we have some resemblance to sciatica shadowed forth. Muscular cramp is a prominent symptom. The muscles are described as gathering into great knots, hard and rigid, the cramp coming on suddenly, continuing a few moments, and then subsiding in an instant, leaving the muscles flaccid and sore.

Aching pains in the shoulder blades are noticed in several, and also in the shoulder joint. There is also a sensation of weight and pressure on both shoulder blades. The arms ache and feel extremely weak. A dull aching pain and tenderness as from a bruise is felt in the muscles of the outside of the right upper arm, most severe about two inches above the elbow, particularly when the part is pressed upon and touched and the arm is extended. Pain is also noticed as felt just at the insertion of the deltoid. There is in addition a good deal of aching in the forearm and rheumatic-like drawing along the ulna, and in the leg. Jerking pains are noticed in the hands and legs, especially frequent are they in the hands, the finger joints being particularly affected. The pains are lancinating or shooting in character. In one instance occasional sudden prickings were felt in the points of the fingers, as if occasioned by electric sparks.

The lower extremities are weak. Neuralgic pains occur on the outer side of the left thigh, and also of the right. The knee joints feel stiff and ache, and the pain is increased by walking. The ankle joints are also painful, so also are the tarsal joints, but the pains are not so marked or so severe in the joints of the foot as they are in those of the hands. These symptoms represent not only rheumatism but neuralgia. Neuralgic pains in the arms, hands, and thighs. Further, this combination of rheumatism and neuralgia resembles that form of rheumatism which is engendered by mercury, or by mercury and syphilis jointly.

Pains, similar to these, are noted as occurring in the superior maxillæ, and, in the case I have referred to, as related by Dr. Grasmuck, pain was felt in the frontal bone, and described as resembling that of periostitis.

Dr. Hale says that in periosteal rheumatism *Phytolacca* is useful, and he bases his opinion on the case related by Dr. Grasmuck. The patient was a woman of forty-five, keeper of a boarding-house, of a bilious, sanguine temperament, active and hardworking, the mother of a family. She had always had good health until a year before Dr. Grasmuck saw her, when she was attacked with rheu-

matism, this was followed by anasarca and many other symptoms, indicative of the change of life. After some month's illness she recovered with the exception of a slight pain in the right hip joint. A month later Dr. Grasmuck saw her and found her suffering intensely from pains in her joints and in the bones of her face and hand, which had prevented sleep for many nights. The skin eruption, an account of which I read to you just now, is then detailed, and Dr. Grasmuck goes on to observe that there were no accompanying fever, no swelling except in the face, no sweats, and the appetite was good. She wanted relief from the nightly pains in the bones of the face and head, and wanted to know what the eruption was. On examination I found that the pains proceeded from nodes, especially in the frontal bones, and resembled very much those of periostitis. My first impression, says Dr. Grasmuck, was that I was dealing with a case of syphilis, but a closer inspection and my intimate acquaintance with the family, together with the history of the case, caused me to abandon this theory, and the next one of mercurial cachexy also. A vigorous cross-examination, he adds, revealed the fact, that about thirty days before she had been induced to take "a blood purifying" remedy, consisting of a pint of whisky with about three ounces of poke root—the popular name for *Phytolacca*—in it. Of this poisonous and saturated tincture she had taken "a swallow three times a day till I was called in."

This is only a single case it is true, but it is a very well marked one, and justifies us in regarding *Phytolacca* as probably capable of coping with some cases of syphilitic or mercurial rheumatic periostitis. It does so, the more in that associated with these symptoms were those of the eruption I detailed to you just now, which had a very syphilitic character about it. Its value has, moreover, been clinically tested. The late Dr. O'Brien of South Shields (*Monthly Homœopathic Review*, vol. x. p. 173), states that in a case of syphilitic rheumatism with enlargement of the parotid and submaxillary glands, this agent produced prompt relief, and a rapid subsidence of the tumours. In another case of rheumatism of the right frontal region, accompanied by nausea and aggravation of the pain in the morning, relief was afforded by one dose of *Phytolacca*.

Further, in chronic rheumatism uncomplicated with mercurial or syphilitic taint, *Phytolacca* has proven a valuable remedy. Of such a case, Dr. Hale gives the following illustration in his work on *New Remedies*.

"Mrs. S., aged about 40, had a severe attack of inflammatory rheumatism fifteen years ago, which ran into a chronic form, affecting the left hip-joint, of which she lost the use. Upon examination,

the synovial membrane was found implicated, with considerable tumefaction from the effusion. The patient was of a scrofulous diathesis. I ascertained she had enlargement of the glands of the neck and axillæ which had existed since she was a child.

"There was no swelling of the limb, the pain was obtuse, heavy, aching, generally worse in damp weather. She complained of coldness of the limb, and the pain was aggravated by warmth. She was very much emaciated, and had night-sweats, having an acid reaction. Urine scanty most of the time, but sometimes very clear. She had not walked without assistance for fifteen years.

"Prognosis unfavourable, but concluded to give the *Phytolacca* a fair trial. Gave the tincture of the ripe berries, thirty drops three times a day.

"In two weeks I saw her for the second time, and she seemed very much benefited; less pain, the tumefaction of the hip had nearly disappeared, the muscles of the thigh had relaxed, and she had greatly improved. In a few weeks, under decreasing doses, she recovered the use of her limb."

That *Phytolacca* excites the glandular system we have had evidence in the enlargement which we have seen has occurred in the parotid and submaxillary under its influence; but it is not so limited, the mamma has by it become swollen and inflamed. The slight hint here given has led homœopathic physicians to develop one of the popular uses of the drug. For many years it has been reputed in the Western States of America as a remedy in "broken breasts," and this not only in human beings but in mares and cows.\* Dr. Hale of Chicago, brought this part of the action of *Phytolacca* fully out and gave some striking clinical illustrations of it in the *British Journal of Homœopathy* (vol. xxi. p. 202.)

Of the value of *Phytolacca* in such cases and also in darting neuralgic pains in the breast, pains which always excite the anxiety of woman, who has ever a fear of scirrhus before her eyes, I have often found *Phytolacca* a very certain and speedy remedy.

It has generally been given in drop or two drop doses of the tincture, 1x or 3x dilution. As a gargle, half to one dram to a pint of water is very efficient, when this application is needed.

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\*Its value is more particularly marked in tumefaction of the breast and in the prevention of abscesses. For these purposes a Glycerole of *Phytolacca* should be used externally, and *Phytolacca* tincture internally.

We are not surprised that Dr. Pope expresses such small confidence in *Phytolacca* as a remedy in diphtheria when he considers the berries as more potent than the root. If he gets a good tincture of the root, selected when the plant is mature, and gives this in appreciable doses, he will find it of service even in *malignant* cases of diphtheria.—E. A. L.

## Practice of Medicine.

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C. P. HART, M. D., WYOMING, OHIO, EDITOR.

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### APHONIA.

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*Aphonia* is a term derived from the Greek, and is used to denote a loss, more or less complete, of the voice. In most cases the voice is not entirely lost, but only impaired or weakened. Three agents or conditions are essential to the formation of the voice, namely: 1st, the opening of the glottis; 2nd, tension of the vocal cords; and, 3rd, expiration of air. It follows, therefore, that anything interfering with these conditions may give rise to aphonia. Thus, it may be caused by various diseases of the larynx, such as acute and chronic laryngitis, œdema of the glottis, vegetations and other morbid growths within the larynx; by pressure on the larynx caused by tumors, abscesses, etc.; by ulceration of the vocal cords, or pressure exerted on them by false membranes, etc.; by disease or compression of the recurrent or inferior laryngeal nerves, which nerves supply motor power to nearly all the muscles of the larynx; and by irritation reflected from some remote organ, as the uterus or intestines. These various causes give rise to three distinct forms of aphonia, namely: (1) catarrhal aphonia; (2) nervous or hysterical aphonia; and (3) paralytic aphonia.

#### 1.—CATARRHAL APHONIA.

This form of aphonia is noticed in Chapter IV, under the heads of Acute and Chronic Laryngitis (q. v.). It is also met with in the subacute forms of laryngitis, the voice being suppressed or impaired according to the severity of the attack. In these cases the aphonia, even when complete, is but an adventitious symptom, the approximation of the vocal cords being hindered, not so much by thickening of the cords themselves, as by a simple infiltration of the mucous membrane covering the arytenoid commissure. The muscles of the

larynx are more or less congested; and it is probable that their mobility is impaired by a certain amount of infiltration, as well as weakened by the diseased condition of the superimposed membrane. These causes are sufficient to account for the imperfect closure of the glottis and the consequent aphonia. The glottis is not entirely open but the vocal cords are sufficiently approximated to produce a rushing sound in the expired air, giving rise, when acted upon by the lips, tongue, etc., to an articulate whisper, but not to a sufficient extent to excite their vibration; hence no clear sound is produced. Catarrhal aphonia, therefore, even when complete, is seldom a serious symptom, though well calculated to excite, as it generally does, the apprehensions of the patient. When, however, it is the result of more chronic processes, and especially when there is ulceration of the vocal cords, or even thickening and infiltration, it is of much greater significance, not so much by reason of the changes themselves as of the dyscrasiæ that give rise to them. We shall not dwell any longer on this form of aphonia, as a symptom of catarrhal disease of the larynx, as it has already been sufficiently noticed in Chapter IV. (q. v.)

Catarrhal dysphonia, or simple impairment of the voice, is not always due to congestion or thickening of the laryngeal mucous membrane, nor indeed to any laryngeal affection whatever, as it has been observed in chronic disease of the naso-pharyngeal space alone. Dr. Robinson reports a case of this kind in the January number of the *Amer. Jour. of Med. Sciences* for 1876. In this case, the upper portions of the trunks of the pneumogastric nerves lying adjacent to the pharyngeal walls, were evidently involved in the inflammatory processes accompanying the follicular disease existing in their vicinity. No doubt many cases of dysphonia occurring in naso-pharyngeal catarrh, if thoroughly investigated, would be found to be due to that disease, especially in those cases, not very uncommon, where no structural alterations are discernable in the larynx itself. (See Chapter I. Sec. 3.).

TREATMENT.—In the treatment of these cases, we should never lose sight of the fact, that the aphonia is but a symptom, and often one of the least important symptoms, of the laryngeal or naso-pharyngeal disease, on which it depends. Hence, the cure or amelioration of the latter is, in most cases, essential to the relief of the

former. The treatment of these catarrhal conditions has already been given under their appropriate heads (q. v.).

The remedies most frequently indicated in catarrhal aphonia, in addition to those required for the general disease, are: *Ant. crud.*, *Arum dracon.* and *triph.*, *Arsenicum iod.*, *Eryngium*, *Gelsemium*, *Rhus glab.*, *Rumex*, *Phosphorus*, *Pulsatilla*, *Spongia*.

CLINICAL OBSERVATIONS.—The following case is reported by Dr. C. H. Lee: "Lieut. L., age twenty-eight, was in the army for three years; a little while before his term had expired, he was in an engagement, and received a wound from a musket ball in the left lung, near the branching off of the bronchia; the ball lodged in the substance of the lung. As there was no exit, great hemorrhage took place; the surgeon could not extract the ball without great risk of life; the hemorrhage was stopped, and the wound began to heal up. As the wound was closing he began to lose his voice. The wound healed, but his voice was so weak he could not speak above a whisper. I examined his throat and chest and found no abnormal condition, except where the ball lodged there was a somewhat dull and heavy sound like that of hepatization. He had a dry, hacking cough, and constipation. I gave him *Bryonia*, sixth, night and morning, for two weeks; his cough left him, but the voice was not any better. I did not give him any medicine for another week; he thought he was better in health; bowels still constipated; gave *Bryonia*, fourth, three times per day; his bowels became regular; his voice could be heard a little. At the end of the week he was entirely cured. He has now a strong, healthy voice; lungs perfectly sound—the ball still remaining in the lung, I suppose imbedded in a cartilaginous substance. He had been under the hands of several physicians for a year.

*Iodide of Arsenic*.—Hale says of this remedy. "It has been found very beneficial in aphonia when occurring in thin, impoverished persons, in whom some psoric taint manifests itself in the form of a dry, scaly eruption on the skin." I have found it especially useful in cases depending on naso-pharyngeal catarrh of an obstinate and offensive character.

*Rhus glabrum*.—Dr. Hale says he once had a patron who was subject to attacks, every spring, of laryngeal cough with dyspnoea and almost complete loss of voice. He used with success the tincture of the berries.

Dr. J. M. Rees reports a case of aphonia, "of three months' standing, with sore throat during deglutition; posterior surface of pharynx irritated, and in places excoriated; edges of soft palate and uvula red and somewhat swollen, and covered with an eruption of minute red pimples; slight, hacking cough, produced by a tickling in the larynx and upper part of the trachea. Under Carbo veg., Causticum and Mercurius she grew worse; her cough became almost constant; tickling at the root of the tongue; Hyoscyamus and Rhus were given, but gave no relief. Rumex 6th, was then given, and she commenced to improve the day after. On the the third day her cough was much better, and the pharynx looked almost natural. The eruption in the palate had almost disappeared, but there was still some redness on the edges; Rumex 5th, as before. Cured.

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## 2.—HYSTERICAL APHONIA.

### NERVOUS OR FUNCTIONAL APHONIA.

*Hysterical*, or, as it is sometimes called, *functional aphonia*, is that form of aphonia, attended with complete loss of the voice, which, while it assumes the appearance of genuine paralysis, is due to no pathological lesion, but is purely functional in character. In one sense it may be regarded as a true paralysis, inasmuch as the patient is unable to overcome, by the ordinary will-power, the obstacle, whatever it may be, to phonation. Whether, as some assert, the condition is one that the patient is capable of assuming by voluntary effort, will admit of some question; but it is evident that after the condition has once set in, the sufferer loses entire control of the muscles concerned in phonation, and is no longer capable of exercising the powers and functions of voluntary speech. And yet, as in other cases of hysteria, the mind may be so wrought upon by fright, or the will-power so exalted by religious enthusiasm, as to remedy the psychical condition that interferes with the free act of phonation. But such cures, if cures they may be called, are exceptional, and only serve to establish the hysterical nature of the affection,

**DIAGNOSIS.**—The diagnosis of hysterical aphonia is not generally difficult to make. Aside from the fact that it usually occurs in the hysterical constitution, there is rarely, if ever, any paralysis of

the abductors, abduction of the vocal cords being almost an involuntary act, and occurring only during inspiration. Besides, the respiratory and phonetic movements of the larynx are symmetrical, and hence hysterical or functional paralysis of the vocal cords is always bilateral, and never unilateral, as frequently occurs in genuine paralysis. The condition, however, does resemble somewhat that met with in bilateral paralysis of the abductor muscles of the vocal cords, as described in the next section (q. v.) The vocal cords are not brought into sufficiently close approximation for phonation, but are somewhat abducted, so that the rush of air through the partially-closed glottis, when modified by the action of the lips, tongue, etc., enables the patient to communicate only by a whisper. As this condition of the voice frequently occurs in catarrhal affections, especially in acute, subacute and chronic laryngitis, and may also arise from thickening of the arytenoid cartilages, or commissure, or from any other cause capable of hindering the proper closure of the glottis, as well as from double paralysis of the recurrent nerve; it is necessary, in many cases, in order to establish a satisfactory diagnosis, to ascertain by means of the laryngoscope the condition of the laryngeal mucous membrane, the physical condition of the cords, and, in short, the presence or absence of any pathological state capable of giving rise to aphonia. Thus, if the case is one of catarrhal aphonia, there will probably be more or less inflammation of the mucous membrane lining the larynx, together with swelling of the membrane covering the cords, the loss of voice arising simply from the thickening of the vocal cords. Or the arytenoid cartilages or commissure may be so swollen or hypertrophied as to interfere with the requisite closure of the glottis for phonation. Again, if the case is one of paralytic aphonia, resulting from bilateral paralysis of the recurrent laryngeal nerves, all the muscles of the larynx will be completely paralyzed, and the motionless cords will remain in a position neither of extreme abduction or adduction, but midway between the two, or in what is called the cadaveric position. Now this is a position which, although it may be voluntarily assumed, cannot be maintained for any length of time, for, as soon as inspiration takes place, the cords will be seen to separate, and the aperture of the glottis will be perceptibly widened.

Mixed cases sometimes occur, in which, as in the case reported by Simon, there is paralysis of the abductor muscles, giving rise to

great, and in some cases to alarming dyspnœa. But genuine uncomplicated paralysis of the abductor muscles is not accompanied by complete aphonia; in fact the voice is not generally much affected, though it may be slightly hoarse. This will serve to distinguish such cases from hysterical aphonia, however grave the latter may appear to be. Besides, in hysterical aphonia, there is always more or less cough, while in genuine paralysis there is none; the power to cough depending on the ability of the patient to close the glottis. If, however, there should still be any doubt as to the diagnosis, the obscurity may be readily cleared up by administering an anæsthetic; since in hysterical cases there will be, during the stage of excitement, no lack of volubility.

TREATMENT.—Although there is no real paralysis in these cases, there is, under ordinary circumstances, complete inability on the part of the patient to use her voice, and therefore the paralysis, so far as she is concerned, is genuine, and should be treated as such. Hence, in addition to the removal of any exciting causes, such as cerebral, uterine, or intestinal irritation, such specific and anti-hysterical remedies should be administered as are found to correspond to the totality of the symptoms, by which means the obstacle to phonation, whatever it may be, will be removed, while at the same time the patient's confidence will be secured—a point of no small consequence in such cases.

The remedies which have hitherto given the greatest satisfaction in these cases are:—Anacardium, Belladonna, Causticum, Gelsemium, Ignatia, Lachesis, Lycopodium.

CLINICAL OBSERVATIONS.—Dr. Hawks reports the following interesting case:—"Miss S., aged 34, came from Sharon, Conn., to consult me for deafness and *loss of speech*. About five years ago was afflicted with neuralgia, chiefly the head, neck and shoulders. Her physicians, unable to relieve her, finally gave her massive doses of *quinine* and morphine. This suppressed (cured, as they said,) the neuralgia, but left her nearly deaf, and at intervals, afflicted with spasms of the throat, sometimes extending to the upper part of the chest, these turns returning sometimes every day or two, and at other times several weeks. I have not seen her in one of them, but suppose they are hysterical, although she does not have her consciousness, nor is there any uterine irritation, nor spinal pain or ten-

derness—they leave her very much exhausted, lasting from thirty to forty minutes, generally recovering towards night, and she always feels worse towards night. About two years after taking the quinine, she had measles, which left her with increased difficulty of hearing. Since that the spasms have continued, *and last October, after a very severe attack, found she could not speak audibly, which has continued up to this time.* Her general health appeared good.

February 27.—Gave Puls. cc. (Lehrmann), one dose, and placebo for balance.

March 4.—No improvement. Lach. cc. 100th, and balance sac. lac.

March 8.—No improvement. Gave Gelsem. 2d dilution, two drops three times a day.

March 13.—Has had a severe spasm and feels discouraged. Directed her to continue Gelseminum.

March 22.—On entering the room she called out in full voice. Thinks her hearing is also better. Continued the Gelseminum.

March 25.—Called to bid me good bye, as she was going home. Both *hearing* and *speaking* natural since. She felt perfectly well, *except* a slight soreness in the throat. The throat showed no redness, but some pain and dryness, but she was subject to such. The voice came *suddenly* on the morning of the 18th, after a refreshing sleep. She felt a glow or thrill of nervous strength, made the attempt and succeeded. The hearing returned gradually.

Miss R., spinster, after a severe paroxysm of hysteria, to which she had long been subject, suddenly lost her voice, and for nearly three years past she has not been able to speak above a whisper. All forms of allopathic treatment, including electricity, have been tried in vain; and the patient and her friends have pretty much given up all hope of her ever recovering the use of her voice. Learning that *fright* was the cause of her last attack of hysteria—her sister having accidentally fallen into a vault—I prescribed *Ignatia*,<sup>80</sup> with the result of her voice being suddenly restored to her just one week afterwards. She says that at the time stated she seemed *impelled* to exert her voice, and it at once came to her. —Hart.

### 3.—PARALYTIC APHONIA.

In paralytic aphonia there is total loss of voice, with absence of dyspnoea, dilatation of the glottis, inaction of the arytenoid and vocal cords, and forcible expiratory efforts during attempts at phonation. The most important and characteristic symptom is the entire absence of dyspnoea, arising from the open state of the glottis, and the absence of any swelling or obstruction to expiration, such as is met with in the nervous forms of catarrhal aphonia. When the paralysis is unilateral, the healthy cord sometimes passes beyond the middle line in the act of phonation, displacing the paralyzed one. The voice is then fine and weak in the lower, and even in the middle notes; while it is altogether lost, or is reduced to a mere squeak, in the higher ones, especially after long exercise. Sometimes there is complete paralysis on one side, and partial paralysis on the other. The voice is then weak, tremulous, deficient in *timbre* and volume, and soon exhausted by exercise, or limited only to a few notes.

**PATHOLOGY.**—According to Prof. Ziemeson, paralytic aphonia depends upon paralysis of the recurrent nerves; but M. Bernard has shown by numerous experiments, that while the recurrent nerves specially influence the vocal muscles, the respiratory muscles of the larynx are under the control of the superior laryngeal nerves; and that paralysis of these nerves, instead of abducting the vocal cords, approximate them, so that every effort at inspiration tends to render the passage more and more difficult, by constricting the laryngeal opening, as we shall see in the next chapter. It appears, therefore, that while paralytic aphonia generally depends upon paralysis of the recurrent or inferior laryngeal nerves, which are the nerves animating all the laryngeal muscles except the crico-thyroid, an impairment of the function of the pneumogastric nerve, or of one of its branches, may, by its interference with respiration, also cause aphonia, as actually happened in a case recorded by Meschede, of Königsberg. (*Berl. Klin. Woch.*, 17, 1878.)

**DIAGNOSIS.**—The diagnosis of paralytic aphonia is, as a rule, comparatively easy, as in all such cases there is diminished motion of one or both vocal cords, and at the same time an entire absence of catarrhal thickening, or of any other mechanical obstruction to res-

piration. When both crico-arytenoid muscles are paralyzed, there is great dyspnœa, arising from complete closure of the glottis, the laryngoscope showing that, even when the breathing is deep and prolonged, the vocal cords are closely approximated. When only one vocal cord is paralyzed, the voice is fine and weak, deficient in volume, soon exhausted by exercise, and in some cases altogether absent. Whenever the laryngoscope exhibits, during attempts at phonation, an open state of the glottis, together with entire passiveness of the arytenoids and vocal cords, we may be sure, in the absence of any catarrhal symptoms, or other evidences of laryngeal obstruction, that the aphonia is of a paralytic nature.

PROGNOSIS.—In all cases in which there is no incurable peripheral obstacle to phonation, nor any lesion of the nerve-centres, the prognosis may be regarded as favorable. At the same time, we should be careful not to commit ourselves too positively, by predicting a speedy restoration of the voice, since some of the most promising cases have proved incurable. Although the laryngoscope may exhibit no apparent or incurable lesion, the case may nevertheless be so complicated with some degree of organic change in the nervous, muscular or mucous tissues, as to baffle the most approved treatment.

TREATMENT.—Uncomplicated paralytic aphonia will frequently yield to the stimulating effect of *electricity*, properly applied. In some cases, a single application of the *galvanic current* will suffice to restore the lost function, but in most cases several applications are required. In applying electricity in these cases, it is important to remember that the positive pole is centripetal, and therefore stimulating, while the negative pole is centrifugal and sedative. Consequently, the positive pole is the one suited to paralytic affections. The constant current should be preferred when the affection depends on deficient nervous energy, and the interrupted current (*faradization*) when the muscles have lost their contractile power; the positive pole being placed over the crico-thyroid muscle, and the negative pole over the arytenoid cartilages. The best form of electricity, therefore, for paralysis of the vocal muscles, is the induced or secondary current (*faradization*), though the cure is not always rapid. The operation should be postponed until after the subsidence of any inflammatory action that may happen to exist, and then it should be repeated daily, the operation lasting only from three to six minutes at a time.

The internal remedies which have proved efficient in this form of paralysis, are: Belladonna, Causticum, Gelseminum, Kali bich., Nitric acid, Phosphorus.

CLINICAL OBSERVATIONS.—Dr. R. T. Massy reports the following case.—“Mr. S., æt. 31, has lost his voice for the last thirteen weeks, during which he has been under the treatment of an

allopathic specialist, who pronounced the case to be one of "paralysis of the vocal cords." When the patient consulted me he could only speak in a whisper. I ordered a Turkish bath, with the following prescription: *Causticum* 2<sup>x</sup> ounce j.; aqua drachms viij.: to be used, or rather inhaled, with Dr. Moore's spray-producer, four times a day. His voice was fully restored in two days."

*Gelseminum*.—Prof. R., music teacher and vocalist, after long use of his voice in training a class for exhibition, suddenly lost it, and was only able to speak in a whisper. A laryngoscopic examination showed that, with the exception of a slightly hyperæmic state of the vocal cords, there was no disease of the mucous membrane of the larynx, but the cords were perfectly motionless, even during forced expiration. As the patient complained also of pain in the neck and base of the brain, I prescribed *Gelseminum* 1<sup>x</sup>, fifteen drops in half a glass of water, of which he was to take one teaspoonful three times a day. His voice returned in full strength on the following day, and continues in full vigor.—*Dr. Thomas Wakefield*.

*Faradization*.—Dr. Torrance, L. R. C. P., reports the following interesting case:—"Miss A. P., æt. 24, Oct. 1880. Looked delicate but did not complain of weakness. Had had an ulcerated sore throat, and lost her voice on leaving a heated room in Nov. 1875. Recovering from the sore throat, her voice did not return. Consulted several eminent practitioners, but result was the same. Preparatory to my making a laryngoscopic examination, the fact was proved that the loss of function was not due to hysteria, as placed completely under chloroform she did not speak, but continued to whisper. The instrument then showed that the vocal cords were in a very relaxed state, and crumpled up as it were near their middle, but otherwise apparently quite healthy. The cords were faradized by McKenzie's electrode, when after very few applications of the electromagnetic current the voice was partly restored, but as a very harsh "croak" at first, and very monotonous. Was asked to sing over a scale of music, but every note was pronounced in the same tone, and she could not modulate her voice either piano or fortissimo. After current had been repeated at gradually lengthening intervals, however, the voice was permanently restored, and now she speaks in a clear and natural tone. She was seen a few weeks ago, and I heard from her own lips that the cure had been permanent.

*Remarks*.—This patient had previously given everything prescribed for her a fair trial. Tonics and zinc pills were persevered in for a very long time, as well as the inhalation of vapors impregnated with volatile principles. Powders were introduced by insufflation, and this again followed by various escharotics, but without the least benefit until the vocal cords were faradized, which proved there had been no structural disease, but that the case resolved itself into one of functional aphonia or vocal weakness.

## American Observer.

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E. A. LODGE, SEN'R., M. D., DETROIT, MICHIGAN, EDITOR.

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### THE NATION'S LOSS.

THE DEATH OF PRESIDENT GARFIELD.

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James Abram Garfield, President of the United States, was given rest, after eleven weeks and two days of suffering upon the 19th day of September, 1881, in his fiftieth year. The days and weeks of pain were borne with uncomplaining fortitude. Known by many for years as a man of great courage it was left to the dying bed to reveal him to the civilized world in all his worth, not only as an ideal American, but as one of the best specimens of nature's noblemen, unfaltering as a hero, gentle as a woman, and unassuming as the most humble citizen.

Not one harsh or vindictive word to the miscreant who had inflicted the deadly wound.

We cannot say that if the President had been under the treatment of some of our most skilled homœopathic surgeons he would have recovered, but we feel very certain that if he had been under charge of our school, and treated as he was, and with such a result, that then there would have been a great clamor about the inefficiency of homœopathy, hints about quackery, and strong statements about what allopathic surgery could have accomplished.

Prof. Hammond declares that President Garfield's treatment is the severest reflection upon American surgery that has been made, and others are criticising it with severity. As we understand that Dr. Bliss is preparing his statement in full it appears to be fair that this should be waited for. In the mean time there are several questions to be asked which should be answered unequivocally.

Why was not the President removed from the depot to the White House upon a properly prepared stretcher, and thus gently

carried without a jar, rather than taken in a carriage, jolting over the stones, with such suffering that he enquired, "how much farther have we to go?"

Why were reports given of favorable progress and improvement when he was losing at least two pounds of flesh a day?

Why was he kept at the White House with reports that there was no danger of malaria when several of its inmates were attacked with malarious diseases?

Were there not symptoms of septicæmia for several weeks before such condition was referred to in the bulletins?

Did not the pains in legs and feet, formication and numbness experienced soon after the wounding point to an injury of the spine? Post mortem revealed such injury, but if it was suspected during life why, instead of a reference made to such a supposition, was there a statement that the ball had proceeded downward from the fractured rib and lodged in the anterior wall of the abdomen?

Why was not the color of the skin, tongue, gums and lips reported?

Why was not the daily character of the excretions reported?

Why was not the *character* of the pulse reported as well its rate?

Was the rate of the pulse correctly reported?

If the bulletins expressed fairly and frankly the President's condition day by day why does the London Lancet say that the bulletins should have expressed the exact truth, and why was it said that the only reliable statements of the President's condition was to be gathered from the dispatches of Secretary Blaine and the reports of Dr. Boynton?

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#### DR. S. R. BECKWITH'S VIEW.

The following letter from the Senior Editor of *New York Medical Times* to Dr. Beckwith, elicited the reply published herewith, and is valuable as a part of the history of the case not heretofore given to the profession:

"The autopsy of the President brought clearly to my mind your description of the case to me at Wagon-wheel Gap, as it confirmed your statement in almost every particular. I would like exceedingly for publication in the *Medical Times*, any comment on the case you might choose to make. Your name will be, if you

wish, in strict confidence with us. I want to deal in perfect fairness to all, but it seems to me a sad comment on the surgery of this country when you alone of all the surgeons who saw him, diagnosed the case correctly. With your diagnosis there was no possible chance of recovery."

*Washington, Sept. 22, 1881.*

DEAR DOCTOR: Yours of yesterday, recalling our conversation in Colorado on the President's case, is just received. I am willing to give you what knowledge I have of his injury and opinion of his surgical treatment and autopsy. The surgeons who attended President Garfield and issued official bulletins before and after his death, were really officers of the Government, and a just criticism of their acts cannot be construed to imply personal censure any more than a discussion of any public action by any other Government officer or employee.

The medical profession have a just right to express their honest opinion of the treatment and general conduct of the case, from its sad and tragic beginning to its sorrowful end. If it is found that the surgeons in charge exercised reasonable skill and ability in the performance of their surgical duties; if they acted in a professional manner toward their fellows in medicine and gave to the world true and intelligent statements of the case during its progress and after his death, no medical man should utter one word of censure, even if time prove that grave errors were committed. But if it can be shown that, from the commencement until their official duties ceased, unprofessional acts were committed, erroneous bulletins published, and at the *finale* they refused to allow scientific pathologists to make the post mortem, that the world might know the facts and medical science be benefited—then, in such an event, they must not expect to be screened from public criticism and censure. The following recital of the case will allow your readers to judge for themselves:

Soon after the President was shot I visited him at the Presidential mansion, found him lying upon his back, inclining to the right side. He was exceedingly pale and very weak, and remarked that "he foresaw that he had received his death wound." I examined him and found a large amount of blood in the bed, also in his clothing, which had not been removed. I found a gun-shot wound about two inches from the center of the upper lumbar vertebra, upon the right side; on pushing my finger into the wound, I discovered the eleventh rib broken in its under surface, and was able to trace the track of the bullet in the direction of the right inferior border of the liver; considerable clotted blood was in the wound. I then asked: "Have you no surgeons?" He answered, "Yes, about forty. They are in the other room, go and see them." I visited the room as directed, and found the Surgeon-Generals of the Army and Navy, also a large number of the prominent physicians of the

city in consultation. From this hour (10:30 A. M.) until afternoon nothing was done but to wait for a reaction. He then received a large hypodermic injection of *Morphia* and *Atropia*, for the purpose of relieving the pain in ankles and feet. About 3 P. M. his clothes were removed, a similar injection was given, and his indications clearly showed that he was suffering from internal hemorrhage. A firm enlargement was detected in the right hypochondriac region, infringing into the epigastrium. It was the united opinion of all in attendance that this enlargement was a blood clot. About 4 P. M. Surgeon-General Wales, by and with the advice of all in consultation, examined the wound, detected the fractured rib, traced the course of the bullet to the interior border of the liver, and thought it passed through the lower portion of the liver. His face became more blanched, voice feeble, pulse weak and frequent, and all believed he would soon die. The apparent blood clot increased in size and prominence, and not until nearly 7 P. M., when Mrs. Garfield reached his side, was there any evidence of improvement. From then until 8:30 I have no personal knowledge of the case. At that hour I returned and found the pulse less frequent and stonger, and his color slightly returning. He remarked to me: "The doctors say the bleeding has ceased, but how can I ever get rid of this blood clot?" I replied, "This can be removed;" and at once went into the consulting room and requested that no more *Morphine* be given, but if narcotics were required, use solid *Opium* with *Carbonate of ammonia*; also requested that the blood coagula be removed by an aspirator. Here my surgical interference began and ended; and no one that night believed that he would ever see the light of another day, and it is not probable that he ever would had not the blood clot plugged up the open mouths of the bleeding vessels. I remained until 2 P. M. of that night; a slow reaction was coming on. The next morning about 9 I saw him. He was stronger, the pain in the ankles and feet less, the abdomen slightly tympanitic, the tumor on his side hard and prominent to the touch. From his room I went to the surgeons' room and found Drs. Bliss and Reye-burn, and was informed that the surgeons who were in consultation the day before, were mostly dismissed. It was evident that I was not wanted and I remained in the adjoining room until I heard part of the discussion between Drs. Baxter and Bliss, with which all are familiar, I then left the house well knowing I was not wanted by the surgeons in charge. My prognosis, death from blood poisoning, was then given as repeated to you in the mountains of Wagon-wheel Gap Springs. What would have been the result if that large blood clot had been removed, I do not claim to know. But one thing I am tolerably certain; if one-tenth of this amount of blood had been allowed to remain in the cavity of the abdomen after ovariotomy septicæmia would follow.

During the long suspense and weary hours of suffering, a nation—yea! even the whole world lifted up its suppliant hands, with tearful eyes, hearts filled with emotions of hope and grief, and reverentially filled the heavens with clouds of prayers, tongued and pointed with loving impulses, tender sympathies, and blended with human beings' purest, highest, and best hopes—heaven's blessing. This mist of grandeur, beauty, and God-like loveliness was but a thin veil, through which could be heard the answer, "Without works prayer availeth not."

The remainder of the sad tale will soon become a part of history. The pulse was reported for many weeks from ten to twenty beats below its true rate. The surgeons in consultation approved of the diagnosis and treatment without an examination of the wound. It was only but a few days before his death that Dr. Hamilton was told of this error, and continued not to sign a bulletin until he counted the pulse beat; and thereafter, as all remember, there was a sudden increase in the pulse rate until his death.

The surgeons in charge were urged by Dr. Boynton, the very near relative of the President, to allow two pathologists from New York, and the same number from Philadelphia, to make the post mortem. The Doctor, failing in this request, begged that the surgeons first in attendance should be invited to the autopsy. In reply to these customary and eminently proper requests he was assured that this could not be allowed, as it would reflect discredit upon their skill and ability. And now comes the saddest comment of all upon American surgery. The surgeons who had been in attendance upon the Chief Magistrate of the Republic, refusing to allow pathologists, whose occupation it is to make post mortems in the dead house or hospitals, and for courts of justice in cases of murder or suicide.

The official description of the autopsy, measured by the facts as given to me by those who observed the examination, affords conclusive evidence of an error. The wound was not first examined, and the bullet tract not followed until the missile was reached. The abdomen was first opened, and failing to find the bullet in the pus channel, between the abdominal muscles and the peritoneum, the stomach and intestines were removed and placed in a basin. Further search was made for the bullet in the body, and it was finally found encysted and among the intestines in the basin.

And after all this, the post mortemists state "the bullet behind the peritoneum;" "cause of death, rupture of the mesenteric arteries." While, in fact, the embalmer forcibly injected the embalming fluid into the femoral artery, and none of it escaped into the cavity of the abdomen, which would have occurred if any artery had been ruptured. The continuous denial of pyæmia and the disease of the lungs was sought to be verified by the post mortem.

And this, although the President, for a long time, had pustular eruptions over his body, in some portions nearly as thick as small-pox. The pustules were filled with pus, the attendants opening three or four daily. He expectorated pus and portions of his lungs, hepatized. Dr. Boynton declared these facts. Yet when the lungs were cut in two, bloody pus, in large quantities escaped; a portion thrown into water sank; abscesses formed in both kidneys, and if the intestines had been examined, pyæmic patches would have been found in many place. One parotid gland sloughed away. Still the report of the autopsy was completed and ready to sign without any allusion to pyæmia, and was only added by the solicitation of Gen. McVeagh.

The wound in the vertebra and along the bullet track was healed and the bullet safely pocketed in a cyst. The wide discrepancy between the official statement and the one recently made by Dr. Hamilton, together with other facts, makes the whole case one of peculiar sadness to the reputation of American surgery.

Yours truly,

S. R. BECKWITH.

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## COMPLETE RECORD OF THE POST-MORTEM EXAMINATION OF THE BODY OF PRESIDENT JAMES ABRAM GARFIELD.

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MADE SEPTEMBER 20, 1881, COMMENCING AT 4:30 P. M., EIGHTEEN HOURS AFTER DEATH, AT FRANCKLYN COTTAGE, ELBERON NEW JERSEY.

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Present and assisting: Dr. D. W. Bliss, Surgeon-General J. K. Barnes, U. S. Army, Surgeon J. J. Woodward, U. S. Army, Dr. Robert Reyburn, Dr. Frank H. Hamilton, Dr. D. Hayes Agnew, Dr. Andrew H. Smith, of Elberon (and New York), and Acting Assistant Surgeon D. S. Lamb, of the Army Medical Museum, Washington, D. C.

Before commencing the examination, a consultation was held by these physicians in a room adjoining that in which the body lay, and it was unanimously agreed that the dissection should be made by Dr. Lamb, and that Surgeon Woodward should record the observations made. It was further unanimously agreed that the cranium should not be opened. Surgeon Woodward then proposed that the examination should be conducted as follows:

That the body should be viewed externally, and any morbid

appearances existing recorded; that a catheter should then be passed into the wound, as was done during life, to wash it out, for the purpose of assisting to find the position of the bullet; that a long incision should next be made from the superior extremity of the sternum to the pubes, and this crossed by a transverse one just below the umbilicus; that the abdominal flaps thus made should then be turned back and the abdominal viscera examined; that after the abdominal cavity was opened the position of the bullet should be ascertained, if possible, before making any further incision; and that, finally, the thoracic viscera should be examined.

This order of procedure was unanimously agreed to.

The examination was then proceeded with, and the following *external appearances* were observed.

The body was considerably emaciated, but the face was much less wasted than the limbs. A preservative fluid had been injected by the embalmer, a few hours before, into the left femoral artery. The pipes used for the purpose were still in position. The anterior surface of the body presented no abnormal appearances, and there was no ecchymosis or other discoloration of any part of the front of the abdomen.

Just below the right ear, and a little behind it, there was an oval ulcerated opening, about half an inch in long diameter, from which some sanious pus was escaping, but no tumefaction could be observed in the parotid region.

A considerable number of purpura-like spots were scattered thickly over the left scapula, and thence forward as far as the axilla. They ranged from one-eighth to one-fourth of an inch in diameter, were slightly elevated and furfuraceous on the surface, and many of them were confluent in groups of two to four or more. A similar, but much less abundant eruption was observed sparsely scattered over the corresponding region on the right side.

An oval excavated ulcer about an inch long, the result of a small carbuncle, was seated over the spinous process of the tenth dorsal vertebra. Over the sacrum there were four small bed-sores, the largest about half an inch in diameter. A few acne pustules, and a number of irregular spots of post-mortem hypostatic congestion were scattered over the shoulders, back, and buttocks. The inferior part of the scrotum was much discolored by hypostatic congestion. A group of hemorrhoidal tumors, rather larger than a walnut, protruded from the anus.

The depressed cicatrix of the wound made by the pistol-bullet was recognized over the tenth intercostal space, three and one-half inches to the right of the vertebral spines. A deep linear incision (made in part by the operation of July 24th, and extended by that of August 8th) occupied a position closely corresponding to the upper border of the right twelfth rib. It commenced posteriorly

about two inches from the vertebral spines, and extended forward a little more than three inches. At the anterior extremity of this incision there was a deep, nearly square abraded surface nearly an inch across.

A well-oiled flexible catheter, fourteen inches long, was then passed into this wound, as had been done to wash it out during life. More resistance was at first encountered than had usually been the case, but after several trials the catheter entered, without any violence, to its full length. It was then left in position and the body disposed supinely for the examination of the viscera.

The *cranium* was not opened.

A long incision was made from the superior extremity of the sternum to the pubis, followed by a transverse incision across the abdomen just below the umbilicus. The four flaps thus formed were turned back and the abdominal viscera exposed. The subcutaneous adipose tissue divided by the incision was little more than one-eighth of an inch thick over the thorax, but was thicker over the abdomen, being about one-fourth of an inch thick along the linea alba, and as much as one-half inch thick toward the outer extremity of the transverse incision.

On *inspection of the abdominal viscera in situ*, the transverse colon was observed to lie a little above the line of the umbilicus. It was firmly adherent to the interior edge of the liver. The greater omentum covered the intestines pretty thoroughly from the transverse colon almost to the pubes. It was still quite fat, and was very much blackened by venous congestion. On both sides its lateral margins were adherent to the abdominal parietes opposite the eleventh and twelfth ribs. On the left side the adhesions were numerous, firm, well organized, and probably old.\* On the right side there were a few similar adhesions, and a number of more delicate and probably recent ones.

A mass of black, coagulated blood covered and concealed the spleen and the left margin of the greater omentum. On raising the omentum it was found that this blood-mass extended through the left lumbar and iliac regions and dipped down into the pelvis, in which there was some clotted blood and rather more than a pint of bloody fluid.† The blood-coagula having been turned out and collected, measured nearly half a pint. It was now evident that secondary hemorrhage had been the immediate cause of death, but the point from which the blood had escaped was not at once apparent.

The omentum was not adherent to the intestines, which were moderately distended with gas. No intestinal adhesions were found

\*These adhesions, and the firm one on the right side, as well as those of the spleen, possibly date back to an attack of chronic dysentery, from which the patient is said to have suffered during the civil war.

†A large part of this fluid had probably transuded from the injecting material of the embalmer.

other than those between the transverse colon and the liver, already mentioned.

The abdominal cavity being now washed out as thoroughly as possible, a fruitless attempt was made to obtain some indication of the position of the bullet before making any further incision. By pushing the intestines aside, the extremity of the catheter, which had been passed into the wound, could be felt between the peritoneum and the right iliac fascia; but it had evidently doubled upon itself, and, although a prolonged search was made, nothing could be seen or felt to indicate the presence of the bullet, either in that region or elsewhere.

The abdominal viscera were then carefully removed from the body, placed in suitable vessels, and examined *seriatim*, with the following results:

The adhesions between the liver and the transverse colon proved to bound an *abscess-cavity* between the under surface of the liver, the transverse colon, and the transverse mesocolon, which involved the gall-bladder, and extended to about the same distance on each side of it, measuring six inches transversely and four inches from before backward. This cavity was lined by a thick pyogenic membrane, which completely replaced the capsule of that part of the under-surface of the liver occupied by the abscess. It contained about two ounces of greenish yellow fluid—a mixture of pus and biliary matter. This abscess did not involve any portion of the substance of the liver except the surface with which it was in contact, and no communication could be detected between it and any part of the wound.

Some recent peritoneal adhesions existed between the upper surface of the right lobe of the liver and the diaphragm. The *liver* was larger than normal, weighing eighty-four ounces; its substance was firm, but of a pale yellowish color on its surface and throughout the interior of the organ, from fatty degeneration. No evidence that it had been penetrated by the bullet could be found, nor were there any abscesses or infarctions in any part of its tissue.

The *spleen* was connected to the diaphragm by firm probably old, peritoneal adhesions. There were several rather deep congenital fissures in its margins, giving it a lobulated appearance. It was abnormally large, weighing eighteen ounces; of a very dark red color both on the surface and on section. Its parenchyma was soft and flabby, but contained no abscesses or infarctions.

There were some recent peritoneal adhesions between the posterior wall of the *stomach* and the posterior abdominal parietes. With this exception no abnormalities were discovered in the stomach or *intestines*, nor were any other evidences of general or local peritonitis found besides those already specified.

The *right kidney* weighed six ounces, the *left kidney* seven.

Just beneath the capsule of the left kidney, at about the middle of its convex border, there was a little abscess one-third of an inch in diameter, and there were three small serous cysts on the convex border of the right kidney, just beneath the capsule; in other respects the tissue of both kidneys was normal in appearance and texture.

The *urinary bladder* was empty.

Behind the right kidney, after the removal of that organ from the body, the dilated *track of the bullet* was dissected into. It was found that from the point at which it had fractured the right eleventh rib (three and one-half inches to the right of the vertebral spines) the missile had gone to the left, obliquely forward, passing through the body of the first lumbar vertebra and lodging in the adipose connective tissue immediately below the lower border of the pancreas, about two and one-half inches to the left of the spinal column, and behind the peritoneum. It had become completely encysted.

The track of the bullet between the point at which it had fractured the eleventh rib and that at which it entered the first lumbar vertebra was considerably dilated, and the pus had burrowed downward through the adipose tissue behind the right kidney, and thence had found its way between the peritoneum and the right iliac fascia, making a descending channel which extended almost to the groin. The adipose tissue behind the kidney in the vicinity of this descending channel was much thickened and condensed by inflammation. In the channel, which was found almost free from pus, lay the flexible catheter introduced into the wound at the commencement of the autopsy; its extremity was found doubled upon itself, immediately beneath the peritoneum, reposing upon the iliac fascia, where the channel was dilated into a pouch of considerable size. This long descending channel, now clearly seen to have been caused by the burrowing of pus from the wound, was supposed during life to have been the track of the bullet.

The last dorsal, together with the first and second lumbar vertebra and the twelfth rib, were then removed from the body for more thorough examination.

When this examination was made, it was found that the bullet had penetrated the first lumbar vertebra in the upper part of the right side of its body. The aperture by which it entered involved the intervertebral cartilage next above, and was situated just below and anterior to the intervertebral foramen, from which its upper margin was about one-fourth of an inch distant. Passing obliquely to the left, and forward through the upper part of the body of the first lumbar vertebra, the bullet emerged by an aperture, the centre of which was about one-half inch to the left of the median line, and which also involved the intervertebral cartilage next above. The cancellated tissue of the body of the first lumbar vertebra was very

much comminuted and the fragments somewhat displaced. Several deep fissures extended from the track of the bullet into the lower part of the body of the twelfth dorsal vertebra. Others extended through the first lumbar vertebra into the intervertebral cartilage between it and the second lumbar vertebra. Both this cartilage and that next above were partly destroyed by ulceration. A number of minute fragments from the fractured lumbar vertebra had been driven into the adjacent soft parts.

It was further found that the right twelfth rib also was fractured at a point one and one-fourth inch to the right of the transverse process of the twelfth dorsal vertebra; this injury had not been recognized during life.

On sawing through the vertebra, a little to the right of the median line, it was found that the spinal canal was not involved by the track of the ball. The spinal cord, and other contents of this portion of the spinal canal, presented no abnormal appearances. The rest of the spinal cord was not examined.

Beyond the first lumbar vertebra, the bullet continued to go to the left, passing behind the pancreas to the point where it was found. Here it was enveloped in a firm cyst of connective tissue, which contained, besides the ball, a minute quantity of inspissated, somewhat cheesy pus, which formed a thin layer over a portion of the surface of the lead. There was also a black shred adherent to a part of the cyst-wall, which proved, on microscopical examination, to be the remains of a blood-clot. For about an inch from this cyst the track of the ball behind the pancreas was completely obliterated by the healing process. Thence, as far backward as the body of the first lumbar vertebra, the track was filled with coagulated blood, which extended on the left into an irregular space rent in the adjoining adipose tissue behind the peritoneum and above the pancreas. The blood had worked its way to the left, bursting finally through the peritoneum behind the spleen into the abdominal cavity. The rending of the tissues by the extravasation of this blood was undoubtedly the cause of the paroxysms of pain which occurred a short time before death.

This mass of coagulated blood was of irregular form, and nearly as large as a man's fist. It could be distinctly seen from in front through the peritoneum, after its sight behind the greater curvature of the stomach had been exposed by the dissection of the greater omentum from the stomach, and especially after some delicate adhesions between the stomach and the part of the peritoneum covering the blood-mass had been broken down by the fingers. From the relations of the mass as thus seen, it was believed that the hemorrhage had proceeded from one of the mesenteric arteries, but as it was clear that a minute dissection would be required to determine the particular branch involved, it was agreed that the infiltrated

tissues and the adjoining soft parts should be preserved for subsequent study.

On the examination and dissection made in accordance with this agreement it was found that the fatal hemorrhage proceeded from a rent, nearly four-tenths of an inch long, in the main trunk of the splenic artery, two and one-half inches to the left of the celiac axis. This rent must have occurred at least several days before death, since the everted edges in the slit in the vessel were united by firm adhesions to the surrounding connective tissue, thus forming an almost continuous wall bounding the adjoining portion of the blood-clot. Moreover, the peripheral portion of the clot in this vicinity was disposed in pretty firm concentric layers. It was further found that the cyst below the lower margin of the pancreas, in which the bullet was found, was situated three and one-half inches to the left of the celiac axis.

Besides the mass of coagulated blood just described, another, about the size of a walnut, was found in the greater omentum, near the splenic extremity of the stomach. The communication, if any, between this and the larger hemorrhagic mass could not be made out.

The examination of the *thoracic viscera* resulted as follows:

The *heart* weighed eleven ounces. All the cavities were entirely empty except the right ventricle, in which a few shreds of soft, reddish, coagulated blood adhered to the internal surface. On the surface of the mitral valve there were several spots of fatty degeneration; with this exception the cardiac valves were normal. The muscular tissue of the heart was soft, and tore easily. A few spots of fatty degeneration existed in the lining membrane of the aorta just above the semilunar valves, and a slender clot of fibrin was found in the aorta, where it was divided, about two inches from these valves, for the removal of the heart.

On the right side slightly pleuritic adhesions existed between the convex surface of the lower lobe of the lung and the costal pleura, and firm adhesions between the anterior edge of the lower lobe, the pericardium, and the diaphragm. The *right lung* weighed thirty-two ounces. The posterior part of the fissure, between its upper and lower lobes, was congenitally incomplete. The lower lobe of the right lung was hypostatically congested, and considerable portions, especially toward its base, were the seat of broncho pneumonia. The bronchial tubes contained a considerable quantity of stringy muco-pus; their mucous surface was reddened by catarrhal bronchitis. The lung-tissue was œdematous,\* but contained no abscesses or infarctions.

On the left side of the lower lobe of the lung was bound be-

\*A part, at least, of this condition was doubtless due to the extravasation of the injecting fluid used by the embalmer.

hind to the costal pleura, above to the upper lobe, and below to the diaphragm, by pretty firm pleuritic adhesions. The *left lung* weighed twenty-seven ounces. The condition of the bronchial tubes and of the lung-tissue was very nearly the same as on the right side, the chief difference being that the area of the bronchopneumonia in the lower lobe was much less extensive in the left lung than in the right. In the lateral part of the lower lobe of the left lung, and about an inch from its pleural surface, there was a group of four minute areas of gray hepatization, each about one-eighth of an inch in diameter. There were no infarctions and no abscesses in any part of the lung-tissue.

The surgeons assisting at the autopsy were unanimously of the opinion that, on reviewing the history of the case in connection with the autopsy, it is quite evident that the different suppurating surfaces, and especially the fractured spongy tissue of the vertebra, furnished a sufficient explanation of the septic conditions which existed during life.

About an hour after the post-mortem examination was completed, the physicians named at the commencement of this report assembled for further consultation in an adjoining cottage; a brief outline of the result of the post-mortem examination was drawn up, signed by all the physicians, and handed to private secretary J. Stanley Brown, who was requested to furnish copies to the newspaper press.

(Signed)

D. W. BLISS,  
J. K. BARNES,  
J. J. WOODWARD,  
ROBERT REYBURN,  
D. S. LAMB.

As the above report contains paragraphs detailing the observations made at Washington on the pathological specimens preserved for that purpose, the names of Drs. F. H. Hamilton, D. Hayes Agnew, and A. H. Smith are not appended to it. It has, however, been submitted to them, and they have given their assent to the other portions of the report.—*Medical Record*.

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THE EARLIEST LAW enacted by any country for the promotion of surgical knowledge was passed in 1540, in England. It allowed the united companies of barbers and surgeons to have yearly, the bodies of four criminals to dissect.

AMONG THE ANGLO-SAXONS the science of medicine and law was monopolized by the clergy.

ARTERIOGRAPHY is the name Dr. Comte, a French army surgeon, has given the process of tattooing to save life.

## Book Notices, Reviews, etc.

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**SPECIAL INDICATIONS FOR TWENTY-FIVE  
REMEDIES IN INTERMITTENT FEVER,** by  
*T. P. Wilson, M. D., Professor of Theory and Practice and  
Ophthalmic and Aural Surgery U. of M. Baericke &  
Tafel, 1880.*

That psychological condition of two minds which brings them *en rapport*, as the French say, obtained to almost a miraculous degree in the production of this unique little book. In fact, were the learned author anything less than an ex-minister of the gospel of Jesus Christ and a Professor of Theory and Practice in the University of Michigan, a suspicion of fore-knowledge might attach and explain the foreordination of this book. True, the Reverend gentleman pays a graceful tribute to his friend and colleague, H. C. Allen, in his frank confession that the "Twenty-five Remedies" is an abridgement of that gentleman's work on Intermittent Fever which we have elsewhere reviewed. But strangely enough in giving this sweeping credit to Dr. Allen the author has failed to aver that prior to the publication of his Twenty-five Remedies, he had in person and *ex-officio* seen, handled, perused and passed favorably upon the merits of just "Twenty-five Remedies," treated in precisely the same way the author has here treated them, even to the peculiar ground plan of each little structure. This production (the original MS. of which is before me while I write) is the work of a clever practitioner who once upon a time was awarded the "Special Prize" offered by the Professor of Theory and Practice in Pulite Medical College, 1880.

The Special Prize was a volume of Lilienthal's Homœopathic Therapeutics and is good so far as it goes. But the ambitious student was doubtless not prepared to see his essay immortalized by printer's ink, and under the signature and quasi ownership of the ~~author's~~ judge. Doubtless, the judge, himself, fairly concluded that the "Special Prize" was a fair price and full equivalent for the

Prize Essay that developed into the "Twenty-five Remedies." Perhaps even the ambitious and astonished student was led to look upon the transaction in this light. We have no public evidence that he rushed about crying "stop thief" while laying violent hand upon the "Twenty-five Remedies" as the multiplied product of his own veritable "Special Prize" Essay. No, the ambitious student and clever practitioner has made no sign, said no word, to reclaim the stolen child of his brain. He has looked upon its pebbled cloth cover and reflected that *he* could have given it no better wrap than foolscap. He has heard its name trumpeted by the lips of fame and has thought that in *his* care it must have perished alone and unknown.

"Better that it should be the 'Twenty-five Remedies' of the genial Professor of Theory and Practice than the mere Special Prize essay of an obscure conuntry doctor who has only brains and no handle to both ends of his name," he said with a half sigh of regret. And it was so.

But, evidently the sometime judge in the trial of brain power in the arena of Pulte, was not wholly at ease in his mind as to the title to the origin and conception of the "Twenty-five Remedies" as his own property, from the very foundation. It is also food for the reflective mind that he should have yielded the praise to his aforesaid student, now "Lecturer," etc., etc. Did he hope to avoid ill that he knew not of by having the property in other keeping? Or did he seek to fasten "Allen on Intermittent Fever" like a padlock upon the homœopathic youth of this great country?

Howbeit, there are grounda for grave suspicion:

Firstly—That the Twenty-five Remedies is not an abridgement of Allen's work.

Secondly—That it has no relation to "Allen on Intermittent Fever" whatever.

Thirdly—That the aforesaid "Twenty-five Remedies" is not "by," "of" or "from" the said Professor of Theory and Practice and awarder of the Special Prize in the chair of Pulte College.

Fourthly—That in the aforesaid ambitious student and now clever practitioner, Dr. J. A. Utter, of Terre Haute, in the land of the hoosier, rests and abides the lawful title to the copyright of the "Twenty-five Remedies" aforesaid as we are ready to demonstrate and uphold by and with the proper evidence.

"But," says the awarder of the Special Prize, "this is from Allen, how can it be from Utter?"

Before us is a piece of card-paper about five and a-half inches in length by four inches in breadth. On the back of it is written in a fair round hand the legend:

"SULPHUR."

I turn to page 51 of *Wilson's* Twenty-five and I see upon the back of the leaf (which is otherwise blank as is the card) "sulphur." I turn to Allen on Int. Fev. and there is no sulphur on the blank leaf and there is no blank leaf that "sulphur" might have been on. Thus far the Twenty-five shows great likeness to Utter's Prize Essay and none at all to Allen on Intermittent Fever.

Turning over to the face of the leaf and holding side by side with the ambitious student's card out of his prize essay, and along with Allen on Intermittent Fever, I read first from Utter's card:

Utter *Time*. "Any time—mostly in the evening."

Wilson. Mostly in the evening or may be any time of day."

Allen. Not characteristic in regular paroxysms at all periods. Evening predominant. 8, 9, 10 A. M.; 10 A. M. lasting till 6 P. M. 5 to 6, 7 to 8, 8 to 9 and 11 P. M. Evening fever without chill. Paroxysms return annually."

If the awarder of the Special Prize abridged much he eliminated more—that is regarding Allen as the source of his inspiration. Thus, to get out two important propositions, "evening fever" and "annual attacks" is not precisely in the provinces of mere abridgement. Again to the comparison, dear friends:

Utter. "Prodrome. CHRONIC MALARIAL CACHEXIA; *abuse of quinine. Venous congestion without reaction; stupid; morning diarrhœa.*"

Wilson. "Prodrome. CHRONIC MALARIAL CACHEXIA; *abuse of quinine. Venous congestion without reaction; stupid; morning diarrhœa.*"

Allen. "Before chill. Thirst (casp. eup. puls. but can only drink before chill and in apyrexia *Cimex*).

Heavens! what an abridgement was there my countrymen. But whom was abridged?

Yet on with the comparison.

Utter. "*Chill. Internal without thirst. External with sim-*

ultaneous internal heat; *red face*. Commences in toes or sacrum running up the back; thirst late in chill."

*Wilson*. "Chill. Internal, without thirst. External with simultaneous internal heat; *red face*. Commencing in toes or sacrum running up the back; thirst late in chill."

*Allen*. "Chill:—Without thirst. *Frequent internal chilliness*. Chilliness with headache in the evening (*Sepia*) disappearing after lying down," etc., etc.

It is not necessary to pursue this triangulation further. Suffice it to say that *Wilson's Twent-five Remedies* is the *simillimum* of *Utter's Prize Essay*; and that *Allen's* bears no such resemblance even in treating the same part of the same subject.

Being in fact the work of Dr. J. A. Utter it is worthy of consideration. Speaking for ourselves we have never felt the need of so many remedies for a disease that is amenable to one drug. But if in the future Wabash ague should take upon itself new and strange features we shall refer to this kidnapped first-born of the student now constituting the one literary bantling of the awarder of "Special Prizes" and Prof. of Theory and Practice in the University of Michigan.

H. W. T.

## A LETTER OF ENQUIRY TO PROFESSOR T. P. WILSON, M. D., Registrar of the Homœopathic College of the University of Michigan.

MY DEAR SIR.—Your position in the University of Michigan makes you not only a teacher—you are bound to defend the honor of each class, of the alumni, and of the homœopathic profession. Will you, then, be pleased to explain a matter which deeply concerns all of your matriculates, all of your alumni, and all of your profession. I am fain to believe that you will at once reply with all that ingenuousness for which you are distinguished among them who really know you.

And first: in your own organ—*The Advance*—for June, 1881, I find the following:

"The American Medical Association proposes to 'run' the department of medicine and surgery in the University of Michigan.

They have issued a manifesto concerning the treatment of Homœopathic students, to wit: not to let them—the Homœops—have certificates of attendance on lectures or of examinations. The Regents usually do as they are bidden by outside parties. Call again, gentlemen.”

This is *very* sarcastic—it must have withered the American Medical Association like the breath of a simoon!

But, the *Ann Arbor Register*, for July 20th, 1881, contained the following item in its special column of “University News:”

“None of the teachers in the department of medicine and surgery will hereafter be required to sign certificates of homœopathic students.”

At a little later date there came from the press “The Annual Announcement of the Department of Medicine and Surgery of the University of Michigan for 1881–82,” and on page 12 it contains the following:

“The department of Medicine and Surgery is distinct in its organization from every other department of the University, and under the regulations established by the Regents, the Professors are not required to take any part in conducting the examinations of other students, or in recommending them for graduation, or in signing their certificates or diplomas.”

At a still later date—September 1881—*The Physician and Surgeon*, a monthly medical magazine, and the organ of the Department of Medicine and Surgery, contained the following on page 403:

“According to late action of the board of regents, no instructor in the department of medicine and surgery of the University of Michigan will give a certificate of any kind to homœopathic students. The only certificates heretofore given were for practical anatomy and chemistry.”

“Call again, gentlemen,” said your scathing sarcasm in June, but, I ask you in this waning September, “Is a *second* ‘call’ necessary?” Have not the American Medical Association, the department of Medicine and Surgery, the board of regents, *and* the Homœopathic Faculty *done the thing very thoroughly?* Is a “call again” necessary?

I am impelled to ask you with most incisive earnestness, what

has your faculty done about this shameful wrong? What have *you* done as a Professor, as an editor, as an ex-president of the American Institute of Homœopathy, as a Homœopathic physician, as a man?

I can learn of only a mute and shameless submission to the wrong.

Believe me, there are conditions under which neither you nor your immediate colleagues can be silent. Stand up, then, for the simple right from mere loyalty to the School, and God grant that your manhood may be adequate for the occasion.

The naked fact at issue cannot be evaded, glossed over, or ignored under any pretext of "peace" or any pretense of policy. Right is right, and only right is right, all Medical Associations, and Boards of Regents to the contrary notwithstanding. Yea, my friend, right *is* right even though it shall find refuge in but one heart in the universe.

An illegal, unjust, cowardly and iniquitous discrimination is being made between matriculates of the University of Michigan. *Matriculates*, mind you; and matriculates of the *University of Michigan* studying not only in the Homœopathic College but wheresoever in the University the requirements for a medical education, *as provided by the board of regents, demand*.

These students called "Homœopathic" must be subjected to no indignities; must have no privilege curtailed; no right denied. They are under the ægis of the State and under that they can defy all iniquity.

This *they* must do if you do it not.

By your *Annual Announcements* and your *Calendars* you and the board of regents solicit their attendance and make with them a specious contract. You hold out veiled inducements which are not what they seem, and were not designed to be what they seem. You are perpetrating a fraud which an indignant Legislature will speedily denounce in the name of the people.

So long as there is a Homœopathic College in the University of Michigan no discrimination whatever must be made against Homœopathic students. If the people choose to abolish the Homœopathic College, that is their sovereign privilege, but while it lives by their consent justice and equity are vouchsafed to it by the power

which makes regent boards and Courts Supreme—of which hard fact it will be well for all concerned to make a legible note.

I could have wished, sir, that this enquiry had been made of you by some other than myself; and I have more than hoped from day to day that you would spontaneously do away with the crying need for *such* an enquiry. If, then, you are disposed to take offence for my doing, I can only ask you to consider my incentive: Five years of the noon-time of my life—years in which self was an afterthought—were spent in preparing fallow ground for you and your associates. I know what that tilling cost in misrepresentation, in calumny, in obloquy—met, thank God, with the face ever to the front. I also know the promise of the field if the husbandmen are only faithful and true. In the very fullness of my heart have I written—God judge between you and me.

S. A. JONES.

*Ann Arbor, Sept. 21, 1881.*

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## A MISTAKE IN THE ENCYCLOPEDIA BRITTANICA.

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The subjoined was originally written for the general reading public, but after attempting successively to gain it admission into two of our leading periodicals of general literature, and failing—because of certain reasons to be conjectured from the character of the communication—I concluded to present it to the medical profession.

My object in doing this is to emphasize, first, the fact of the perpetrated injustice to homœopathy from edition to edition of the Encyclopedia, and second, our duty, whenever opportunity offers, to call the attention of all intelligent laymen to this injustice, and to correct any erroneous impressions that may have been caused by the article “Homœopathy,” in the British Encyclopedia. Here is the communication *verbatim et literatim*:

Baltimore, Md.

Messrs Editors———Monthly,

Gentlemen:—I copy the following from the *Medical Record* for July 9th, 1881: The homœopaths have long been unsatisfied with the tone of the article on ‘Homœopathy’ in the Encyclopedia Brittanica. This same protest was made many years ago when the first editions came out, and some promises of change were made by

the American publishers. Nothing was done however, and in the present edition the article is as offensive as ever. It is now said that a Dr. Cooper is to be sent over to London this summer by the homœopaths to protest officially against the article and insist upon its change."

Dr. J. F. Cooper of Allegheny, Pa. was appointed by the American Institute of Homœopathy at its annual meeting in June last, for the purpose above mentioned. Drs. C. Mohr, J. C. Morgan and J. C. Guernsey were also appointed by the same body, at the same time, to ask for a similar correction in the American reprint.

We sincerely hope that this attempt to right a great wrong may be more successful than its predecessor.

It is now six years since the first volume of this ninth edition was issued; judging therefore, from the rise of the work, its completion will probably consume in all about twelve years. The correction of the article "Homœopathy" will possibly be published in a supposable "appendix," which will appear about the year 1887. An interim of six years will transpire before the majority of subscribers to the Encyclopedia Britannica, will be corrected in the opinion formed of homœopathy, upon the *dictum* of such presumably good authority.

It is because of this inevitable delay, and a sense of the gross injustice under which homœopathy has so long suffered—in being misunderstood through a wilful perversion of facts—that I make this attempt to forestall the result of a possible success of the committees before mentioned.

I am not *perfectly* confident that any change will be made, for *cæteris paribus*, if a man cheats you once it is not unlikely he will do it again, if he has the opportunity.

The only and greatest reparation the publishers can make for the wrong, is the publication of simple facts, in the manner suggested.

In the meantime we will consider some of the main errors in the article, which may be found in Vol. XII. p. 129, American reprint of Encyclopedia Britannica.

Before going further I will remark for the benefit of those who may not have discovered the fact, through American book agents and from other sources, that this Encyclopedia is peculiarly an En-

lish work; and if these individuals are disappointed in not finding American institutions very glowingly painted or very fully described, they must remember that after a complete history of *all* things English and *some* things continental, the limits of the work are too circumscribed to give an equally full description of all things American.

The article under consideration, we may therefore, not be surprised to find refers chiefly to transatlantic homœopathy. True, cisatlantic homœopathy is not *ignored*, but it does not receive the attention its prominence in this country demands. Were no other exception taken to the article in question, this injustice is sufficient to condemn this exposition of the system, for it is well known that the United States is the home of the homœopathy of to-day.

An encyclopedia is a compilation of historical facts. The personal opinions and individual beliefs of its constructors should be carefully excluded, else the work is not of historical value.

The writer of the article "Homœopathy" has been culpably direct in his duty, inasmuch as he has not given us a *history* of homœopathy, but has written instead his *opinion* of the system. The historian has in consequence become simply an essayist. Furthermore, the writer has confused what he hopes to be considered an explanation of homœopathy with the various individual beliefs of its discoverer, Samuel Hahnemann.

Having succeeded in this obfuscation, he then proceeds to devote the major part of his discourse to Hahnemannism, and a misrepresentation of facts about this profound scholar.

This part of his essay is misplaced (a fault of the editor of the work,) and should be found under the article "Hahnemann," Vol. XI. p. 333.

"J. G. G." the author of this great error, has been unfortunate in his choice of corroborative authorities: the two physicians, Drs. Kidd and Wyld, upon whom he so implicitly depends as defenders of our faith, are not by any means recognized by our school as representative men; in fact their principles as homœopaths are questionable, and the *ipse dixit* of these men is here of no value. To illustrate the estimate put upon Dr. Kidd by the homœopathic profession. I will quote from a prominent homœopathic journal of a recent date, viz:—"From all that we can learn there are many phy-

sicians in England who are homœopathists at heart but 'secretly, for fear of the Jews,' the professional ostracism to which they are liable preventing them from making public announcement of their faith and practice. We do not now allude to the Kidd's and Phillips's who 'use homœopathic remedies because in their experience they have found them useful' (no amount of that kind of practice can ever constitute a man a homœopathist), but men who have full confidence in the *law of similars* and *not* in experience, as the best guide in the selection of the remedy."

Of Dr. Kidd I need say nothing more.

Dr. Wyld is a man regarded in a very similar light. His action some years since has given him no additional brilliancy as a light in our school.\*

Why did "J. G. G." not select some recognized authorities in homœopathy to substantiate his argument of retrogression? Such men as Grauvogl, Clotor Müller or Kafka, of Germany, Drysdale, Dudgeon or Hughes, of his own beloved England, or in our amateur country, Hering, Dunham or Hempel, would have furnished reliable data for him; and furthermore their statements would have been recognized by our school as indisputably authoritative. Or Dr. Süss Hahnemann, a grandson of Samuel Hahnemann, and a resident of London, might have been consulted. Probably *he* could have given the essayist some information of importance, especially about his grandfather. But no, from the lips of these men J. G. G. would have received simple facts and scientific truths; and such truths and facts would not have sustained his views.

Germany as we all know is the birthplace of homœopathy. The system has progressed as rapidly as could be expected in a country governed by such sturdy, phlegmatic people as the Germans. It is not there the predominant system, but its claims are respected in some localities at least. J. G. G. gives his opinion upon the subject, as follows: "In order to ascertain the esteem accorded to it" (homœopathy) "in the land of its origin, inquiries have been made of neutral and unbiased authorities, and the general result is that it has no scientific recognition, but that many of the public believe in it and consult practitioners who profess to practice it. The system has no place in any of the universities of Germany, nor does it seem to have a single school of its own in the entire German empire."

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\*Dr. W. several years ago made proposals to the allopaths to consolidate the two systems of medicine, by conceding certain vital points of Homœopathy; this was prevented by the society of which he was vice-president, refusing to yield to his dictation.

(Concluded in next number.)

## Miscellanea.

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### NORTH AMERICAN REVIEW.

The contents of the October number cannot fail to arrest the attention of all readers. Every one of the topics discussed is of the highest present interest, and nearly all of the authors are eminent American Statesmen, publicists and litterateurs. Senator John T. Morgan, of Alabama, considers "Some Dangerous Questions," namely, certain emergencies arising in the administration of the United States government, for which adequate provision is not made in the Constitution or the laws. Prof. Geo. P. Fisher, of Yale College, contributes a profound study of "The Elements of Puritanism," pointing out wherein Puritanism was transient in its influence, and wherein permanent. A stronger vindication of Puritanism perhaps never was written. Senator George F. Edmunds, of Vermont, defines the relations which exist between "The State and the Nation." D. C. Gilman, President of Johns Hopkins University, writes of "The Idea of the University." A timely historical paper is that of Mr. Sydney Howard Gay, "Why Cornwallis was at Yorktown." Under the title, "Shall Two States Rule the Union?" the Hon. Thomas A. Hendricks discusses the perennial tariff question. M. Desire Charney, in the ninth of his valuable archæological papers, sets fourth the grand results of his researches among the "Ruined Cities of Central America." Finally, Col. H. B. Carrington, in an article on "Washington as a Strategist," proves conclusively the title of Washington to be esteemed "first in war."

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BACK VOLUMES OF AMERICAN OBSERVER.—Until next month we offer unbound volumes of this Journal, for any year since 1864, for ninety-three cents each, postage prepaid; or by express, not prepaid, at 75 cents each net. Cloth bound volumes at 25 cents extra. As the volumes contain a large amount of practical matter and are fully indexed, with a classified index at close of first series (Vol. X), they are excellent for every-day reference. The supply is limited and early calls will be necessary to secure complete sets.

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**ETHER vs. CHLOROFORM.**—Dr. Taylor, in *New York Med. Record*, says: "I believe that the trouble in producing anæsthesia with ether, complained of by surgeons, is due to the fact that they are afraid to administer it *undiluted* with air. I always use Lente's improved inhaler—an impervious brass nose-piece with rubber stuffing on the edge to make it air-tight. I have always given ether *undiluted*, with the exception of a few inhalations at first to accustom the air-passages to the vapor. Given in this way, I believe it is perfectly safe and efficient. The fearful mortality of chloroform speaks for itself, and it would be needless for me to discuss the question. Why use an anæsthetic that is dangerous *at all*, when ether is as safe as anything of the kind can be, solely for the purpose of saving a few minutes' time? Chloroform is tricky and uncertain. Ether can only kill, in my opinion, by stopping the respiration, which can be easily watched and the administration controlled to suit any emergency. The few deaths recorded against ether represent so small a per-centage as to be almost infinitesimal, while you cannot read a journal without noting one or more deaths from chloroform.

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### SONGS OF THE SCIENCES—MEDICINE.\*

Oh, would you study medicine, get learning anatomical,  
 First fill you mind with all the lore of muscles and of veins;  
 The names that they can boast of sound, you'll say, extremely comical,  
 But you must learn them ere you try to ease our aches and pains.

To grin derisively you use the *musculus risorius*;  
 The *sterno-cleido-mastoid* serves to turn the head away;  
 We'll land upon Reil's Island, nor will think the work laborious  
 To cross the *Pons Varolli* many times a day.

In course of time you'll learn, no doubt the laws of physiology,  
 With all that Foster, Carpenter, and Huxley well must know:  
 We hope you'll pay attention to professors of Pathology,  
 And gaze on all the wonders that the microscope can show.

You'll find how blood goes thro' the lungs, and how they'r oxidizing it,  
 How certain foods can do us good, while others do us harm;  
 The body's like a steam engine, 't is really not surprising it  
 Should take a regular amount of fuel to keep warm.

With Chemistry and Pharmacy, and Surgery and Botany,  
 And Jurisprudence Medical, I fancy you will find  
 Enough to fill a busy brain—that is if you have got any;  
 You cannot cure the body till you've amply stored the mind.

And when you've studied all you can, in order categorical,  
 When you have worked at every branch of science under sun,  
 You'll find—the illustration's not my own, but is historical—  
 You pick up pebbles on the shore—You've only just begun.

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\**London Punch.*

**WORLD'S HOMŒOPATHIC CONVENTION.**—Our July No. gave an excellent report of this convention by Prof. Woodward, to which we refer any of our friends who have not read it. Another correspondent speaks of the good time they had there, and says: "The British Homœopathic physicians are a splendid class of men. There was not any advocacy of high potencies in the convention."

And in relation to the International Medical Congress he says: "Homœopaths had the same standing and rights in the International Medical Congress as the old school."

**ACONITE.**—On Oct. 3, 1881, Dr. Elijah N. Cooper, a graduate of the Homœopathic College of the University of Michigan, committed suicide at Jackson, Michigan, by taking Aconite. Cause attributed to an unhappy marriage.

On the next day a woman killed herself at the same place with the same drug.

**WORTHY OF RECORD.**—The Powell Manufacturing Co., of Baltimore, the manufacturers of POWELL'S BEEF, COD-LIVER OIL AND PEPSIN, the superior food and nutritive tonic, have taken the initiative in the introduction of their valuable medicine, (which our leading practitioners are prescribing largely), by guaranteeing to the medical profession that they will not in any way advertise the POWELL'S BEEF, COD-LIVER OIL AND PEPSIN so that it will come under the head of a patent medicine.—*Exchange.*

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## NECROLOGICAL.

**PRESTON.** Coates Preston, M. D., a distinguished practitioner of homœopathy, departed this life at his residence, Wilmington, Del., August 9, 1881.

**RICHARDSON.** Edward T. Richardson, M. D., died at Brooklyn, N. Y., on the 14th of August, in his 67th year. He was generally esteemed as an excellent physician.

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## REMOVALS.

**BUMPUS**—Dr. P. H., from Mason, Mich., to Partello, Mich.

**CALLEN**—Dr. J. A., from Las Vegas, New Mexico, to Tiptonville, New Mex.

**CUSHING**—Dr. A. M., from Lynn, Mass., to 116 west Newton st., Boston, Mass.

**DAVIS**—Dr. A. P., to Dallas, Texas.

**DENNIS**—Dr. J. D., from Watrousville to Williamston, Mich.

**ENLOE**—Dr. J. H., from Rome, Ga., to Nashville, Tenn.

**FLYNN**—Dr. J. C., from Rocky Hill, Ohio, to Warren, Mich.

**GLEASON**—Dr. S. M., from Hubbardston to Stanton, Mich.

**KNOLL**—Dr. W. F., from Loran, Ill., to Waterloo, Ind.

**PORTER**—Dr. L. S., from Bellville, Mich., to Vernon, Mich.

**SANBORN**—Dr. F. C., from Addison, Vt., to Stowe, Vt.

**SHEPHERD**—Dr. Z. W., from Waterloo, Ind., to Niles, Ohio.

## Personal Notices, etc.

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**BREYFOGLE.** Dr. W. L. Breyfogle, of Summerville, Ky., was elected President of the American Institute of Homœopathy at its last meeting.

**DOWLING.** We are very glad that the American Institute have issued five thousand extra copies of Prof. J. W. Dowling's most excellent introductory address.

**EATON.** M. M. Eaton, M. D., who has just returned from Europe, gives a glowing account of his travels.

**FRANKLIN.** Prof. E. C. Franklin, M. D., has resigned the position of Dean in Homœopathic College University of Michigan.

**JAMES.** Our worthy colleague who has assisted us so ably for the past seventeen years, mainly upon the Surgical department, was elected Vice President of the American Institute at its last meeting. The next number will contain an interesting letter that we had the pleasure of receiving for him from Alexandria, Egypt. We hope for his safe return home.

**KITCHEN.** Dr. James Kitchen, M. D., a much respected homœopathic physician of Philadelphia, graduated at the Med. Dep't University of Pa. in 1822.

**LILIENTHAL.** Prof. S. Lilienthal was elected president of the American Pædological Society at its last annual meeting.

**LIPPE.** It is said that Prof. Ad. Lippe, in the *Homœopathic Physician*, refers to the use of Quinine in appreciable doses as a fatal error, and that at the recent meeting of the Homœopathic Med. Soc. of Pa., he read a lengthy paper advocating the more general use of cinchona and quinine, which was generally discussed in a favorable manner. How is this?

**LONG.** Dr. O. R. Long, of Ionia, Mich., has been appointed physician to the penitentiary located there.

**MORGAN.** We are pained to hear that Dr. P. B. Morgan, of Cincinnati, (recently of Detroit) has been seriously injured.

**WETMORE.** Prof. E. W. Wetmore has resigned his position in the Buffalo College, and also from the editorship of the *Physicians' and Surgeons' Investigator*.

**WELLS.** Good Dr. P. P. Wells, of Brooklyn, does not appear to have been as well pleased with the International Homœopathic Convention as many of our friends were (see OBSERVER for August, page 386). He thinks the convention failed to accomplish anything he expected as the result of their gathering.

**WILSON.** Prof. T. P. Wilson, M. D., has been appointed Dean of Homœopathic College at Ann Arbor, in place of Prof. Franklin.

# Practice of Medicine.

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C. P. HART, M. D., WYOMING, OHIO, EDITOR.

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## PARALYTIC DYSPNŒA.

### PARALYSIS OF THE ABDUCTORS OF THE VOCAL CORDS.

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Under the head of Paralytic Aphonia (q. v.), we have had occasion to refer to the extreme dyspnœa which results from paralysis of the crico-arytenoidei postici muscles, the special function of which is that of glottis-openers. These muscles arise from the posterior surface of the cricoid cartilage, and are inserted into the outer angle of the arytenoids. (See Pl. I, Fig. V.) Contraction of these muscles, which takes place during every act of inspiration, causes the arytenoid cartilages to rotate outwardly, thus abducting the vocal cords and opening the glottis. This function resides exclusively in this pair of muscles, the opposing muscles being the crico-arytenoidei laterales, or abductor muscles of the larynx. Hence, any morbid condition interfering with the healthful action of the former, while the latter are in a state of integrity, must result in the closure of the glottis and consequent dyspnœa. It follows, also, that if under these circumstances the function of the abductor muscles is entirely abolished, all access of air to the lungs may be cut off, and then death from apnœa will speedily follow, unless the operation of tracheotomy is immediately performed. Although several undoubted cases of this kind had previously been observed, it was not until after the introduction of laryngoscopy that the condition under consideration was satisfactorily explained. Numerous cases have since been reported, in which the paralysis was strictly confined to the abductor muscles, furnishing indisputable evidence of the existence of this rare, but very serious disease.

**SYMPTOMS.**—The characteristic symptoms are: Intense dys-

pnœa during inspiration, greatly aggravated by the least exertion, with freedom of expiration, and a normal or almost normal voice. The laryngoscope shows, that in every act of inspiration, the vocal cords remain nearly approximated, the aperture of the glottis seldom exceeding a line in breadth. In some cases, however, the paralysis is partial, the approximation of the vocal cords during inspiration being confined to their anterior three-fourths, the posterior fourth separating so as to give the aperture of the glottis a larger and triangular form. In other cases, the paralysis is unilateral, only one cord being affected; or one abductor may be more affected than the other; or, finally, the disease may be originally unilateral and afterwards become bilateral. So long as the patient remains perfectly quiet, the breathing may be but slightly obstructed, but the least exertion throws the patient at once into a paroxysm of dyspnœa, accompanied with stridor and other symptoms of laryngeal obstruction. In children the symptoms bear such a close resemblance to those of spasm of the glottis (q. v.), that some authors erroneously consider paralysis to be the essential cause of that disease.

**DIAGNOSIS.**—As just stated, spasm of the glottis gives rise to symptoms which are liable, at first sight, to be mistaken for those of paralytic dyspnœa. In paralysis, however, the vocal cords are perfectly motionless, whilst in spasm of the glottis they are never entirely at rest, but constantly vary in the degree of separation. Moreover, spasm of the glottis is a comparatively transient condition, and, unlike this affection, is usually absent during sleep. Morbid growths and other conditions, such as ankylosis of the arytenoid cartilages, may so interfere with the separation of the vocal cords as to simulate paralysis, and so also may the hysterical temperament, but closer examination with the laryngoscope will discover in these cases more or less motion of the cords, especially when inspiration is forced.

**CAUSES.**—According to Dr. Bosworth, one of the latest writers on the subject, syphilis is responsible for forty per cent. of all cases hitherto reported, thirty in number. The other causes enumerated are: phthisis, localized inflammation, convalescence from typhoid fever, dyphtheria, erysipelas, chronic nicotine poisoning, scrofula,

epithelioma and hysteria; in short, the disease appears to be due, chiefly, to acute and chronic blood-poisoning.

**PROGNOSIS.**—An examination of the reports shows that two-thirds of the whole number of syphilitic cases had tracheotomy performed, two of them dying a few days afterward from intercurrent causes. All operated upon were compelled to wear the tracheal tube during life. Three out of the four syphilitic patients in whom the operation was not performed, were relieved by medical treatment; the fourth developed no alarming symptoms. The cases so far recorded not amenable to treatment, have been such as have resulted from the slowly-acting blood-poisons, such as syphilis, scrofula, nicotine poisoning, etc.; while those which have resulted in a temporary paralysis and have yielded to treatment, have been due to the more acute blood-poisons, such as those of typhoid fever, diphtheria, etc. (*Bosworth.*)

**PATHOLOGY.**—In several cases reported, degenerative changes have been discovered in the abductor muscles after death, the brain and nerves being perfectly healthy. In Riegel's case, "the posterior crico-arytenoidei muscles were of most striking, almost white, sinewy appearance, showing hardly a trace of muscular tissue, while all the other laryngeal muscles seemed normal. On microscopic examination the former showed much connective tissue lying between the muscular bundles which were still preserved, but which revealed indistinct transverse striations and granular cloudiness." This has led Mackenzie and others to regard the paralysis as myopathic. Bosworth, on the other hand, adopts the view, not that the disease is one of the nerve-trunks, but of the brain. He says: "In three of the autopsies made there was nerve-lesion; in all, muscular atrophy. For reasons already given, the nerve-lesion could not paralyze the abductor muscles without paralyzing the opponent muscles also. We must, therefore, conclude that these nerve-lesions are due to the same cause which, acting on the nerve-centre which presides over the respiratory movements of the larynx, has led to degeneration, and that they have occurred subsequently to it; or that the nerve-lesions occurring first, have reacted upon the nerve-centre, and set in play forces which have acted to produce degenerative changes there; whichever of these hypotheses be the true one, the conclusion is unavoidable that the lesion of the nerve-trunk cannot account for

the symptoms of the disease, and that the central origin of the affection should be accepted as the true explanation. Additional evidence in favor of the central origin of the disease, is found in the obscure brain-symptoms which attended a number of the cases reported, which would seem to point to the existence of some central lesion involving other parts than those which preside over this respiratory function of the glottis." The fact appears to be, however, that some cases are of central and some of peripheral origin. Mackenzie says that in his own experience he has had eight cases of myopathic paralysis, four of which were due to central disease, and four in which the atrophy was due to pressure on the recurrent nerves.

**TREATMENT.**—In most cases the operation of *tracheotomy* (q. v.) will be necessary to relieve the urgent dyspnœa, and when the case is not one of a syphilitic, catarrhal, or hysterical nature, the quicker it is performed the better. But if the paralysis is due to any of these causes, and there is no very urgent dyspnœa calling for the immediate opening of the trachea, it will be well to defer the operation until after the effect of the proper medicinal treatment has been ascertained. In case, however, such treatment fails to benefit the breathing within a short time, the operation should be no longer delayed.

In all cases, whether tracheotomy is resorted to or not, *electricity*, both in the form of *faradization* and galvanism, may be tried; but it must be confessed that hitherto this agent appears to have been of but little benefit.

The *medical treatment* is included in the following synopsis:

1. *Syphilitic cases.*—Acid. nit., Kali iod., Mercurius cor., Phytolacca.
2. *Catarrhal cases.*—Ant. tart., Arum dracon. and triph., Hepar sulph., Kali bich. and caust., Phosphorus, Pulsatilla, Spongia.
3. *Hysterical cases.*—Galseminum, Ignatia, Mosch., Cimicif., Asafœd., Valer., Zinc val., Platina.

For other remedies, and for therapeutic indications, see chapter IV.

**CLINICAL OBSERVATIONS.**—The following cases taken chiefly from the recent work of Dr. Bosworth on *Dis. of the Throat and Nose*, will serve to illustrate both the character of the disease and its appropriate treatment.

“Von Ziemssen reports the case of a man, æt. 26, who had always enjoyed good health up to New Year's day, 1871, when he was suddenly seized with inspiratory dyspnœa, followed by recurring exacerbations. At first they recurred only at night, but gradually increasing, they appeared during the day, being brought on by any unusual exertion. Seven months after the setting in of the trouble, he was compelled to seek hospital treatment, at which time the laryngoscope showed a motionless state of the vocal cords, with moderate injection of the mucous membrane lining the larynx. The voice was not much impaired, nor were any traces of syphilis to be discovered. He was treated by electricity, and was discharged cured in six weeks.”

“Meschede reports the case of a girl, æt. 19, brought to him by her mother, who was affected with complete aphonia of two months' standing. The prominent symptoms, in addition to aphonia, were marked inspiratory dyspnœa, with noisy inspiration at all times, but extreme on slight exertion. Menstruation had ceased for several months, and there was some bloody expectoration, but no signs of lung disease. The laryngoscopic examination, which was made with difficulty, showed paralysis of the abductor muscles of the vocal cords. The unusual co-existence of aphonia, together with the presence of amenorrhœa, etc., led to a suspicion of hysteria, but this view was abandoned on the ground that the close approximation of the cords was a too constant feature of the case. At the same time, it is interesting to note, that under the threats of using the actual cautery, she recovered the use of the voice; but the dyspnœa continued, and finally yielded only to the subcutaneous injection of strychnia. After four months' treatment she was cured.”

Dr. Lefferts reports, in the *New York Med. Jour.*, two syphilitic cases cured with *Kali. iod.* One was a robust Irish woman, about forty years of age, who, about five years previous to the attack of paralysis, was affected with mucous patches in the mouth, the disease recurring about six months previous to the attack, in the form of extensive ulceration in the fauces. A few days previous to

her visit, she began to suffer with dyspnœa, which was at first slight, and only noticeable at night, after unusual exertion; but gradually it began to show itself during the day also. The voice was unimpaired. The dyspnœa was of the characteristic inspiratory character. Laryngoscopic examination showed complete paralysis of the abductors, with a slightly reddened condition of the mucous membrane. She was immediately brought under the influence of iodide of potassium, all evidences of the disease disappearing at the end of six weeks.

The other case was that of a woman, æt. 35, who gave a very clear history of syphilis. In April, 1878, a progressive dyspnœa set in, which resisted all treatment. During the second week paroxysmal attacks of dyspnœa occurred both day and night. Dr. Lefferts first saw her after a very grave and alarming attack, at which time the subjective symptoms were less prominent, but laryngoscopic examination showed complete paralysis of the abductors of the vocal cords, with a hyperæmic condition of the whole mucous lining of the larynx. She was immediately placed under the influence of iodide of potassium with mercury, the subjective symptoms disappeared, and the paralysis effectually overcome.

"Dr. Glynn reports the case of a man, æt. 36, who was admitted to the Royal Infirmary, in Liverpool, suffering from inspiratory dyspnœa, etc., the result of an exposure to cold three weeks before. Examination showed acute inflammation of the lining membrane of the fauces and larynx, with paralysis of the abductor muscles. Medical treatment proving of no avail, tracheotomy was performed. Electricity was afterwards employed with the best results, the tracheal tube being removed in two months with no recurrence of the trouble."

Dr. Blake reports the following case in the *Boston Med. and Surg. Jour.*, August, 1877: "A girl, æt. 6, was brought to him with the following history: Six months before she had scarlet fever and diphtheria of unusual severity, but had made a perfect recovery. A week before he saw her she had a croupy cough, with noisy breathing at night. The voice was unaffected. A yellowish exudation was formed on the tonsils. The symptoms becoming worse, Dr. Knight was called to see her, and on laryngoscopic examination discovered the characteristic appearances of paralysis of

the abductors, and advised tracheotomy. This was deferred for a few days, but was finally resorted to when the patient was *in extremis*. The respiration was established, and treatment at the same time was instituted for the deposit which was probably diphtheritic. At the end of a week the tube was removed and recovery was complete."

Hayes reports a case in the *Dublin Jour. of Med. Science*, January, 1880, of a man aged thirty-one, who came under his care five months previously with the history of inspiratory dyspnœa of two months standing. Eight years before he had had a chancre. Laryngoscopic examination revealed paralysis of the vocal cords. Under two and a half months' treatment by electricity and iodide of potassium, he was cured.

Rehn (*Ziemssen's Cyclopædia*, vol. vii) reports the case of a boy of thirteen, who was attacked, while convalescing from typhoid fever, with inspiratory dyspnœa, which was increased by the slightest exertion. Laryngoscopic examination showed complete paralysis of the abductors of the vocal cords. Tracheotomy was performed, the tube being worn fifteen weeks, and the patient kept on a supporting and general tonic treatment. At the end of this time the tube was removed, the cure being satisfactory.

Dr. Knight, in the *Boston Med. and Surg. Jour.*, September, 1869, reports the following case: "A man, æt. 36, ship-carpenter by trade, had the following history: In 1854 he had a primary sore, followed in six months by an eruption on the skin, and in the years following, up to the time Dr. K. saw him, he had repeated attacks of rheumatism, skin eruptions and sore-throat. In December, 1867, he began to have sore-throat with hoarseness, and to fail in strength. A laryngoscopic examination at the time revealed the chronic laryngitis of syphilis. After treatment for two weeks, he was improving, when he disappeared, and was not seen again until August, 1869, when he presented himself with a tube in the trachea, which had been inserted in March, seven months after he had disappeared, for a progressive dyspnœa. An examination showed paralysis of the abductors. He continued to wear the tube."

Dr. A. H. Smith reports the following case in the *Amer. Jour. of the Med. Sciences*, January, 1878: "F. C., æt. 50, a messenger, consulted Dr. S. on Sept. 8, 1877, suffering from an urgent dys-

pnœa, which had been coming on for two years, but had grown much worse during the previous fortnight. The voice was husky, but otherwise normal. An examination showed the cords motionless in the median line, with a moderate hyperæmia of the mucous lining of the larynx. The patient gave a clear history of syphilis, contracted ten years before, followed by secondary lesions. Tracheotomy was performed the following day, and the patient was put on the use of full doses of iodide of potassium, and localized faradization was used. The treatment resulted in complete cure of the paralysis at the end of four weeks. The tube causing considerable irritation, it was removed. Six weeks later the disease returned suddenly, and before the operation could be repeated the patient died."

Dr. Bosworth reports the following case: "In May, 1878, I was asked to see a patient in Bellevue Hospital, suffering from urgent dyspnœa. I found the man, a sailor, æt. 40, suffering from the peculiar inspiratory dyspnœa which suggested bilateral paralysis of the abductors. A laryngoscopic examination showed the peculiar motionless condition of the vocal cords, with marked hyperæmia of the mucous membrane. His voice was husky, but not lost. He gave a clear history of having contracted syphilis ten years before. A year before I saw him he had begun to suffer from moderate shortness of breath, with occasional attacks of dyspnœa of an apparently spasmodic character. These attacks recurring with greater frequency and severity, he came to Bellevue, where I saw him the day after admission. I advised tracheotomy, but, the immediate attack soon subsiding, it was not done, and the man left the hospital a few days afterward suffering a mere shortness of breath. A few days subsequently, another paroxysm coming on he was taken to St. Luke's Hospital, where tracheotomy was performed, after which he was subjected to treatment by electricity in connection with the internal administration of iodide of potassium, with an apparent slight improvement, as often occurs in these cases. It was delusive, however, and he subsequently left the hospital with the tube in, and was lost sight of."

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MASSACHUSETTS GENERAL HOSPITAL is the oldest in the country except the Philadelphia Hospital. It was incorporated in 1811 and opened for patients in 1821.

## Book Notices, Reviews, etc:

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### A MISTAKE IN THE ENCYCLOPEDIA BRITANNICA.\*

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This then is the status of homœopathy in Germany?

I refer to "The History of Homœopathy in Germany," by Gustav Puhlman, M. D., "Transactions of the World's Homœopathic Convention, of 1876," Vol. II, wherein I glean a few *facts*, which I leave J. G. G. to reconcile with the information given by his "neutral and unbiassed authorities," viz: "The homœopathic and the allopathic practice in Germany are regulated by the same laws, the former requiring no special examination. Whoever wishes to practice medicine must pass a State-examination on those branches considered as the tests of medical qualification before a committee appointed by the State, at the various universities, after which he is free to adopt homœopathy or not, *it being taught in the university at Munich* from the 'Chair of Physiological Medicine.'" (The italics are mine.) Germany has some eleven homœopathic pharmacies, besides eight others which are departments of allopathic pharmacies; fifteen homœopathic societies; three scientific journals; seven popular homœopathic journals; twelve hospitals, besides quite a number of dispensaries.

From 1833 to 1875, a period of forty-two years, the number of homœopathic works published in the German language, journals excepted, is 853 volumes. These are significant facts of some importance; why then were they not noted in this *history* of homœopathy?

In any European country it is not an easy thing for a new system to find adherents either in quantity or quality, sufficient to immediately place it side by side with a system based upon the traditions of centuries. Homœopathy having failed to do this the discovery is triumphantly announced as a victory for continental allopathy.

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\*Concluded from page 436.

Homœopathy has progressed quite as rapidly throughout the world as we can expect, when we consider the kind opposition it has had to encounter.

Again I quote from J. G. G.'s essay: "In all countries the doctrine of homœopathy is still without broad scientific recognition; and certainly in England its chief representatives are anxious to cease their existence as a distinctive school, and have by their avowed departure from Hahnemann's law of *Similia*, and his mode of attenuating and administering remedies, brought themselves under the severest condemnation of their master's few faithful followers, among whom are still included men of high character."

So opines J. G. G.

Surely England is not the centre of the *Universe*—we live too near Boston to believe that.(?)

I hope the writer will not be too greatly shocked at my irreverence for some things English, in what I am about to remark: If all the homœopathic practitioners in England—with a few noble exceptions—were proselyted to allopathy, they would not be perceptibly missed from the ocean of scientific homœopathy.

The fact that Dr. Wyld thinks the slow progress of homœopathy in England is because it has "ceased to be a novelty, that it has revolutionized orthodox medicine, and that many of our own men (homœopathic practitioners) abjure the minute doses which served so well in the hands of Hahnemann and many of his early disciples," is not necessarily true, in fact it is *not* true. England has the justly earned reputation of being exceedingly conservative; progress in all forms is therefore, necessarily slow; the progress of homœopathy has been no exception to this rule.

It is but 47 years the 16th of this month (Oct.) since England made a bon-fire of her houses of Parliament, in destroying certain little notched sticks, called "tallies," upon which only eight years before the office of Exchequer ceased to keep its accounts.

As for homœopathy being "without broad scientific recognition" "in all countries," is nonsense; to believe this it would be necessary to ignore the largest civilized country upon our globe, America.

Here are a few facts which I think of interest in this connection: Homœopathy is recognized by, and represented in the two

National Scientific Associations of the United States, i. e. the National Board of Health and the American Public Health Association. Homœopathy has been legally recognized throughout the country by the establishment of colleges holding charters from the legislative bodies of their respective States; which charters place them upon an equal plane in every respect with similar allopathic institutions.

Dozens of official positions have been awarded homœopathic practitioners, in preference to all other applicants.

Fifty-six years ago last April Dr. Gram, the first homœopathic physician in America, landed in New York; about the same time Dr. Quinn settled in England; to-day our practitioners number over 6,000; England has about 275.

This we think sufficient to give an idea of the standing of homœopathy in the United States.

J. G. G. in his anti-homœopathic zeal has, as I have stated, confused homœopathy and Hahnemannism. He has made certain statements, which calmly and critically considered will not bear light from the lantern of Diogenes. Our essayist remarks: "Some points of his system were borrowed by Hahnemann from previous writers—as indeed he himself, though imperfectly, admits." "Not to mention others he was anticipated by Hippocrates, and especially by Paracelsus (1495—1541), in his doctrine of *Similia similibus curantur*, if not in its exclusive application." That the advent of the great law, of which Hahnemann was the discoverer, had its forerunners is true—in the persons of Hippocrates, Paracelsus, Fernelius, Flemming, Stahl and others; but these men knew nothing of the law in its perfection, they had only glimmerings of its light.

Not only did Paracelsus advocate a law of similars, but three other laws of similars were also taught. These various laws, or more properly dogmas, were applied each in a different manner, and were as utterly devoid of principle as is witchcraft. The *similia* of Paracelsus, the doctrine of signatures, was expressed in the idea that the resemblance of a substance to a certain part of the human body proved it beneficial when that part became diseased. For example: "If you take a walnut and remove the hard shell carefully, and take a thoughtful look at the surface of the kernel, and note its *sulci* and *gyri* and hemispheres, you will get a *simile*

of the brain surface. Therefore walnuts are good for the brain, and a reliable *remedium encephalicum*." Another idea of the law of similars was the use of parts of the earth in diseases of organs, which latter were considered to occupy the same relations to the human organism, that the substances used as drugs occupied to the earth. The doctrine of relative correspondence between the macrocosm and the microcosm. This doctrine was also accepted by Paracelsus.

An idea adopted by some, was that parts of animals would cure *similar* parts in man, when diseased.

A fourth law was the belief that remedies to cure diseases may be found in the region where these diseases especially abound.

Now does any sound, reasoning mind suppose that the law of therapeutics as discovered by Hahnemann and applied by thousands of educated men of the present day, bears any resemblance to the absurdities above mentioned?

Suppose Hahnemann did read and study these systems—and I do not doubt it—their very frivolity when compared with the great truth with which his mind was pregnant would have been sufficient reason for his ignoring them, as our writer claims.

Compare the "Organon of Homœopathic Medicine" with the writings of Paracelsus and find me a single idea *copied* from this latter author into the former work. Or more sweepingly, show me an idea *copied* from any authority in any of Hahnemann's writings. Hahnemann was not a plagiarist.

J. G. G. asserts that Hahnemann simply theorized about disease, preferring superficial knowledge of pathology to its practical investigation and profound study.

Being in possession of certain facts regarding the character of this great man, such a statement proves Hahnemann peculiarly inconsistent; for how is it possible that a man of his nature, who thoroughly studied all other departments of medical science should make an exception of this most important branch, pathology? Hahnemann did nothing carelessly or imperfectly, he was a profound scholar and left no stone unturned to find the *vis a tergo* of the system of medicine he believed existed.

At the early age of thirteen he taught Hebrew, and at twenty he was master of eight languages. He translated Cullen's *Materia*

Medica; he was the author of a most learned Pharmaceutical Lexicon, and was early in his career regarded as authority in pharmacy; he at one time was overseer of chemists at Königsutter, later he was entrusted with the largest hospital in Dresden, "the highest post in the country."

He was superintendent of an insane asylum.

He was the man pronounced by Jean Paul Richter to be "a prodigy of philosophy and learning," the man whom Hufeland claimed to be "one of the most distinguished of German physicians."

All this happened before Hahnemann announced his "heresy."

Methinks that at this period of Hahnemann's career it would have been difficult to have found a medical journal or an encyclopedia in which to state as a fact that "Hahnemann was easily captivated by theories, and not very sound in his reasoning." Chamber's Encyclopedia, p. 186, says: "Hahnemann is universally acknowledged to have displayed great genius, industry and erudition." "He was a man of unblemished purity of morals, and his life as well as his writings, was characterized by strong natural piety." Moreover the Encyclopedia Britannica, Vol. XI, p. 334 says: "Hahnemann was a man of remarkable courage and perseverance. He not only sacrificed his immediate interests for the sake of his convictions, but made many painful experiments upon his own person."

Judging from all the above mentioned facts, do we believe that Hahnemann "despised any deep study of disease, and theorized about it instead?" Is this a man who despised "deep study" of *any* subject in which he felt interested? Surely not.

Our essayist enlarges somewhat unnecessarily upon a point maintained by allopathy, i. e. that diseases are all due to some palpable agency; some *materies morbi* as commonly expressed. He states that "We have lately been told on high authority that to produce certain forms of blood poisoning one or two ounces at least of septic fluid are necessary."

Before we can accept this statement we must know the "high authority" that is responsible for it. Unless this authority possesses claims to credence superior to those of the French Academy of Medicine, we cannot accept the statement. This body of scientists has verified and endorsed as true, the experiments of M. Davaine,

which proved that the ten-trillionth part of a drop of pus, "actually destroyed life when injected into the veins of a Guinea pig." When the "high authority" of J. G. G. tries this experiment as the French Academy tried it, and fails to produce the same results, then we may have some respect for the statement that so sorely needs verification.

Allow me to suggest that it would be wise not to attempt to prove a tangible cause for all diseases at our present stage of progress, when it is not possible to discover the exciting *materies morbi* of such important diseases as Yellow-fever, Malaria, Diphtheria, Morbus Addisonii, Typhus fever and a host of other diseased states unnecessary to mention. Probably that large class, nervous diseases, will furnish a still better example. What is the visible *materies morbi* of Chorea, St. Vitus's dance?

In the above arguments I have simply defended the discoverer of the law of therapeutics, and an expression of my individual acceptance or rejection of Hahnemann's personal theories is unnecessary.

All, therefore, that the essayist has written about Hahnemann has nothing to do with homœopathy; but as I have already stated should have been written under the heading "Hahnemann."

The article "Homœopathy" should have contained a simple explanation of the meaning of the term and its claims as a system of medicine, without comments, or the personal opinion of the writer. An article in such a work as the British Encyclopedia, is not written to proselyte, but to transmit facts.

The word homœopathy is derived from two Greek words which signify an affection or disease, and similar. The maxium *similia, similibus curantur*—similars are cured by similars—is simply a concise and pithy expression of the belief of all who accept homœopathy.

The meaning of this is as follows: A drug is given to an individual in perfect health, and certain manifestations of vital disturbance are produced; these phenomena are called the symptoms of the drug. These symptoms are recorded, or remembered, and when a diseased state is discovered in an individual expressed by symptoms which are *similar* to those produced by the drug, the drug is given to the patient and a cure is the result, e. g., Belladonna will produce

in a healthy individual, certain symptoms which have been acknowledged to *closely resemble*\* Scarlet fever of the smooth or Sydenham variety; therefore in this form of Scarlet fever Bellad. has proved efficacious.

Salicylic acid has produced symptoms *resembling* acute inflammatory Rheumatism, characterized by rapid pulse, high temperature, redness, swelling and tenderness of the parts affected; Salicylic acid will therefore cure *similar* symptoms found in the suffering patient.

Cinchona will cause certain symptoms which strongly *resemble* the malarial paroxysm, as attested by Bretonneau, Trousseau, Pidoux, Hahnemann, Phillips and others; its well known virtues as an antiperiodic need no comment.

These examples illustrate that which Hahnemann, after careful experimentation and verification, claimed to be one of nature's laws.

(Stoerck, Alexander and Haller all made experiments with drugs upon the healthy human body, to become familiar with the action of drugs uninfluenced by disease; but having no knowledge of the existence of a therapeutic law of similars, the information gained was of comparatively little value, and but for Hahnemann the experiments of these men would have sunk into oblivion. He recognized their efforts as steps in the right direction and through the discovery of the law of therapeutics, Stoerck, Alexander and Haller have been placed upon the pages of medical history as the earnest truth-seekers they undoubtedly were.

Hahnemann borrowed nothing from these men, for without the knowledge of the law of similars he would have been none the wiser even though he adopted their views; he simply recognized the truths they uttered as coinciding with a part of his experience.)

This is Hahnemann's law of similars, and I leave common sense to judge of its relation to the law of similars of the Paracelsists, the Hermetists and others.

Here are the five laws of similars:

The doctrine of signatures.

The doctrine of correspondence between the macrocosm and the microcosm.

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\*We do not claim that Bell. will produce veritable Scarlatina as allopathy asserts that we do, but simply symptoms resembling it.

The doctrine of human parts cured by corresponding animal parts.

The doctrine of drugs and diseases originating in the same localities.

Hahnemann's doctrine of the law of therapeutics.

After reviewing these systems of belief, do we honestly think that the last is simply a derivative of the preceding four doctrines, or of any one of them? Wherein does it resemble them?

I leave J. G. G. to answer.

The proving of drugs upon the healthy is essential to the perfect application of the law of similars, for how is it possible to understand the effect of a drug on a diseased body when we know nothing of its action upon the healthy? This then is homœopathy: the application of a drug in a diseased state of the body *similar* to a condition that the drug will produce.

The *dose* has nothing to do with homœopathy, it is simply an outgrowth of the law upon which it is founded. This is the great stumbling block in the way of the universal acceptance of this law. The dose is a point which experience, and experience only, must settle in the mind of each individual practitioner. If through experience we have repeatedly proved that the hundredth part of a grain will cure as pleasantly, safely and promptly as ten grains, and we run no risk of after drug effects, why not use the fractional part of a grain?

There are parties and factions in our school between whom the dose is the chief point of disagreement. Such individuals will always have a hobby to ride, and will always allow the results of practical experience to be subordinate to theory.

The psora theory is another bug-bear to a great many men; but this need give them no more uneasiness than it does the christian whether he kneels or stands to pray.

So it is with the dynamization theory.

*All this has nothing to do with homœopathy, and you may accept it or reject it as you please.*

In conclusion, let me express the wish that when the appendix to the Encyclopedia Britannica is published,—if we *are* to be so favored,—the article "Homœopathy" will be a simple history of the system, and not a biography of Hahnemann, however correct it may be.

Respectfully,

ELDRIDGE C. PRICE, M. D.

*A MANUAL OF PHARMACODYNAMICS. Fourth edition. Revised and Augmented. Being the Course of Materia Medica and Therapeutics Delivered at the London School of Homœopathy, 1879-80. By Richard Hughes, L. R. C. P., Edinburgh.*

*PHYSIOLOGICAL MATERIA MEDICA, Containing all that is Known of the Physiological Action of our Remedies, together with their Characteristic Indications and Pharmacology. By Wm. H. Burt, M. D., &c., &c.*

*MATERIA MEDICA AND THERAPEUTICS arranged upon a Physiological and Pathological Basis. Third edition. By Charles J. Hempel, M. D., and H. R. Arnat, M. D.*

*THE GUIDING SYMPTOMS of our Materia Medica. By C. Hering, M. D. Vol. III.*

If homœopathy is moribund its press is anomalously fecund. That it is a "dying faith" is the song of Pharaoh and his hosts with the Red Sea *before* them. Poor Pharaoh! sing on, and at thy best—soon there will be only an *inarticulate* and righteous *gurgle*, a few bubbles, and—a place in history. Eheu!

Is not our Materia Medica like a landscape which presents a different aspect from different points of view? and, indeed, occupying the same point of view, what two pair of eyes would ever see in it only the same? Each shall see only that which he has learned to see; and thus it will be so long as we have a Materia Medica and books on it.

Of the first of the spectators now under notice we must acknowledge his much-seeingness. He is evidently an extensively read man, with a note-book at his elbow and an indefatigable pencil. He has, however, more to do with the "Guide Books" than with the landscape itself and he is more apt to tell us what Jones, Brown, Smith, and Robinson saw, than what God's sunlight painted on his own retinae. He has however, himself *seen* the landscape. Not, indeed, in the glare of noon, with the sun *directly* over head, and when one *stands on his own shadow*, all that is dark *under him*. Alas, alas, that the only latitude enabling such a standpoint is in Utopia, "and how shall we get there?" He has, the

rather, seen it in the gloaming, what time shadow and substance are weirdly blent, and when one must only slowly, if at all, believe what one sees, or thinks one sees. That the divine meaning of the landscape has penetrated him, I cannot believe. He does not speak of it as do those whom it *has* penetrated; does not speak of it as didst thou, O, dead Friend of mine! Thine eyes had seen in that landscape the Promised Land for all of Earth's afflicted, seen it with "clear vision," and the very sunshine that bathed it shone in thy face so that we knew *thou hadst seen it*. Blessed be His name, thou has put thy sandals off and art in the Temple now, where all is light, above, around, beneath; no anomalies of refraction, no errors of dispersion, no shadows, forever.

That the spirit of the Homœopathic Doctrine found a voice in the "London School of Homœopathy" in those sessions of 1879-80 this book does not sufficiently testify. The point of view was not favorable; the visual nerve, though "he had much to see," was not purged with the euphrasy and rue of Heaven-sent conviction. The spectator, in the presence of a divine truth, had not become as a little child, and the book is—as it is. Do not misunderstand me; it is a likeable book, a smooth-voiced book, a "polite" book; it is not the book of one who has wrestled with the angel all night long, desisting only when the benediction of blessing was won.

I can commend this book only to those who live on the husks which the swine did eat, and, surely, if it shall lead any such to pastures green and living waters, he has not done ill who wrote it. We have a place for him, perhaps not wholly unenviable; a many-voiced *plaudite*, and even a chaplet.

Of the next spectator under notice it is somewhat difficult to speak. We have from his hands a lusty octavo; an *olla podrida*. But, we started with the real estate figure, a landscape similitude, and we must stick to it. Well, this spectator has gone over our landscape with his eyes fixed on the ground, and with a hooked rod in his hand, after the manner of a Parisian *chiffonnier*. This hook has been assiduously poked into every dust heap, and many rag-patches, and much whole cloth has been brought therefrom. The net result is a book as piebald as Joseph's coat.

The resultant "book" is a striking instance of literary *bulimia*;

a voracious appetite, and no digestion. The more such an one eats the worse he is off; and, alas, the materials also suffer by such a transit!

In many instances, it is true, the author is original; but his misfortune is that when he is original he is also unreliable. When he has not been able to copy the "physiological action" from some authority he has "evolved it from his inner consciousness." This method has the charm of novelty; the only drawback is that it does not accord with physiological and pathological facts. With the majority of readers this will be no objection, and we apologise for mentioning it.

We happen to know that a really large edition of this work has already been sold, and that is all the criterion a publisher asks. But "Paradise Lost" mouldered on the bookseller's shelves in Milton's day and generation, and perhaps the immediate sale of a book is not all. That this book has had such a sale evinces an esurience *in our school* which is worthy of being fed.

If our author will "inwardly digest" his gatherings, assimilate them, distill them in the alembic of his own mind, then will he give us a smaller book, a more coherent book, a vastly better book. As it is, we have an incongruous medley--the "key note" of the homœopathic Puritans cheek by jowl with the "physiological action" of the old school Philistines. Was ever such a string of beads before!

But, reader, does your heart glow at the hint afforded by this juxtaposition of the antipodals; does even this awkward companionship say to you, plainly and most earnestly: "*These are parts of one whole, and what the God of Nature hath joined together let no 'School' put asunder!*" Ah, if this book will only lead us to accept that hint it will have justified its existence. We say to its author: Well meant, if not well done!

And now we come to the shadow of death; and are to deal with those who "rest from their labors, and their works do follow them." Ah! "follow them," and whither? To Him who is neither mocked nor deceived! O man, how is it with thee and thy "works?" They shall "follow" thee. *What* art thou doing? *How* art thou doing it? *Why* art thou doing it?

Hempel and Hering! wide as the poles asunder in their "work," yet each seeking the truth with an eye single for the truth. Alas

that truth should be so large, and the visual area so small in man, poor man!

Over these graves, on which the turf is young, let us look up into the azure depths and forget our differences. None of *us* shall discern all the truth; neither of these great ones could!

I distinctly remember the advent of the first edition of Hempel's *Materia Medica*, being at the time as graceless a matriculate as ever vexed the soul of a teacher. Wet from Radde's press we students got a *Materia Medica* "arranged upon a Physiologico-Pathological Basis." Little, indeed, did *I* know what that *meant*. I was only sure that I could read Hempel's book by the hour, while Hull's *Fahr*, and the *Symptomen Codex* were my *bete noir*. I was as one in a dungeon, and Hempel's book was letting in a little light upon my surroundings. Slowly, and not until long after my "practice" had sorely tried my soul, did a dim perception of Hempel's aim and meaning dawn upon me. I began to see that the strict Hahnemannians swore by the dot over an *i*, and did not always strictly enquire if it was a genuine printer's dot or a surreptitious fly-speck. I saw that Hempel had a constitutional abhorrence for all "fly-specks" whatsoever and where-soever, and the genuine honesty of the man and the teacher begot in me a horror of "fly-specks" for which I shall forever bless his memory. Now be it remembered that I was a graceless, and wayward, and, to tell the truth, an idle undergraduate; that only the awful responsibilities of "practice" ever made me even so much of a student as I have been; with this in mind, you can estimate my experience for what it is worth. Well, I found that with my Hempel's *Materia Medica* I fell far short of accomplishing the possibilities of Homœopathy. It was as if I were ascending a mountain and had reached a terrace in the clouds, from which I could find no path upward. Go back I would not, and go up I could not.

What Hempel might have done for me then I know not. He had once spoken to me of "adopting" me—the sole condition being that I should devote myself to the study of Mat. Med., so as some day to take his place, he said. At that day I cared only for Physiology, and looked upon *Materia Medica* as a "necessary evil." Then, Fate sundered us, and we met no more until I had done, in the University of Michigan, that which he should have been allowed to do—O inexplicable fate!

Just at this time a good fortune which I did not deserve introduced me to *Carroll Dunham*. I actually called upon him simply to look at an exponent of a practice which *I* despised. Believe me I knew a great deal more then than I do to-day.

This man did for me something of what Bönninghausen had done for him. I saw what he did for some of his patients, and I knew that what he *did* I could not do. He showed me the way up the mountain. But the "potencies," what *could* I do with them? I doubted *his* potencies, and made some of my own. God pardon my incredulity, but I was determined to *know* that I *had the 30th potencies*.

The mountain top is far above me yet; *I* can only look up at it with yearnings unutterable; but I have known one whose feet were there, and that while there he faded from my sight. O Friend of friends, may I ever behold thee again; behold thee if even only long enough to tell thee what I owe thee.

If I have been thought unduly acerb, ~~lacking~~ in charity, when "Milwaukee Tests" and "Microscopical Researches" darkened counsel, will not my life-history extenuate an indignation having such a genesis?

"Honest doubt," indeed; "scientific scepticism"—had *I* not known these, and met them, as every man must, *for myself*? Why ask me to tremble before a spectre when I had already grappled with the miserable thing, and torn it in pieces, and found it only rags and straw! and then to be "invited" by a set of suckling Pyrrhonists, who should have been "mewling and puking" in some nurse's arms, to fight that agonizing conflict over again for *their* edification. And, more than all, O dead Friend of mine, to forget thy memory, thy well-grounded and *fixed* faith, thy *doing*—oh, more than shame upon him who could ask this from me!

To-day I say with humble thankfulness I owe whatever I am to Hempel and to Dunham. One laid the foundation on which the other was building when the Divine decree of manumission was uttered. The building is incomplete, and from no fault of him whose plan was so good though the material is so poor.

If we had time to educate properly; if we were honest enough to educate righteously, we would put into the neophyte's hands, first *Hughes*, then *Hempel*, then *Hahnemann*. But when our

National Association has no tribunal for diploma-sellers, and when it enrolls unabashed diploma-buyers, why educate righteously? Let us "cheat, and be cheated, and die," and—what then?

Of Dr. Arndt's share in this third edition but little need be said; his work speaks for itself. To him we owe this, the best edition of Hempel's *Materia Medica*. The illustrative cases evince a wide range of reading; they will be of much use to the student as illustrating *applied* therapeutics, and they are not without value for the practitioner. Dr. Arndt is of the Hempel school of thought, and is no unworthy representative of his departed prototype.

Says a reviewer, from whom we had expected better sense, "To make the best use" (and we may add, parenthetically, only successful use) "of this edition, it should be read side by side with a *reliable work on symptomatology*." To which "*we* may add, parenthetically," oh, Fudge! Was this reviewer laboring under the pathogenetic effects of a dose of *Platinum m m*?

How can we speak of the last work on our list? It has its roots in the grave, and now only the fruit is ours!

Of that fruit we shall differ widely in our estimates. The work is to some a stumbling block, to others foolishness, and yet to others a very lamp unto their feet. How *can* we reconcile these differences? But *why reconcile them*? Suppose the discord is in us and not in him; suppose it is he who is in harmony with the eternal truth—who shall decide?

I find a singular record for this dead workman; one lifelong history of constant, earnest, self-denying endeavor. I find an industry excelled by none; equalled only by Hahnemann himself.

From Köthen, on the 31st of December, 1824, Hahnemann wrote to him:

"I have confidence in you, and am not afraid of being wrong in regarding you as one of the few of my followers, who in a higher sense than the common (inspired only by desire of gain and reputation) will practice the divine art among your afflicted fellow men, under the eye of the Omnipresent, then, while you will not miss obtaining the so-called temporal gain, you will also secure the approval of your conscience without which kingdoms cannot give happiness.

"If you wish to become a physician in this nobler sense (that is, a pure benefactor of men) standing on earth a representative of God our highest benefactor, and be a right good man, then will you be one of the few, a truly happy, joyful man. This I wish and hope for you. Only he who is good can be sure of the support of God without whom we can accomplish nothing, from whom everything comes which contributes to the cure of his beloved family of men.

"From your offer to make experiments upon yourself, assisted by your sister, I will make use when you are in a place and position to practice your art."

Hering was then twenty-four years of age to a day, an undergraduate, and the recipient of such a "confidence." Fifty-six years sped on, the master went to his reward, and that "confidence" was made good before man and God.

O Brave One, noble and true, are we at discord with thee? By all that is brave, and noble, and true, let us look to ourselves!

Hering was encyclopædic in his attainments; thoroughly "up" in many sciences, fairly abreast with all, and making *all* subsidiary and subservient to "the work he had to do in the universe." He was deemed by some a visionary and a rhapsodist. Oh, shallow, shallow! shallow! He belonged to a school which bred a Humboldt and an Oken, and he was like them—resembling Humboldt in his multifarious knowledge of nature; like Oken in his power of discovering far-seeing analogies. He had the eye of a poet, but those optic nerves had their roots in the brain of a philosopher. He is *our* Oken, and when we reach the roots of what are now termed his "fancies" we shall find them perennial; safe from summer's sun and winter's frosts. A later and a lustier, and an honester than we shall know him at his worth, and pity us.

In one thing Hahnemann's prescience went astray: "You will not miss obtaining the so-called temporal gain." Alas, alas! our dead one was too busy with a diviner something than "temporal gain." Like Agassiz, he "had no time to make money." He spent himself for God's "beloved family of men."

My reader, his flesh and blood have a meagre "royalty," as it is called, in the life-doing of this self-sacrificing workman. Look into your wife and children's faces, as you are a man, and tell them, for your own honor, "*His work shall be upon my shelves.*"

Of the work itself it does not become me to speak. From my standpoint I cannot see the great landscape as he saw it. I am far below him, in the clouds. He is far, far above me.

"Though round his breast the rolling clouds are spread,  
Eternal sunshine settles on his head."

I look up longingly, and with each year I find the vista more including. If ever I reach the mountain top I will give my testimony; if I fall, as is all too likely, far, far from it, please point my feet toward the sunlit top.

S. A. J.

*Ann Arbor, Sept. 25, 1881.*

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*SPECIAL PATHOLOGY AND DIAGNOSTICS WITH  
THERAPEUTIC HINTS. By C. G. Raue, M. D.  
Second Edition, Rewritten and Enlarged. Boericke &  
Tafel. 1881.*

When a young man's head is level he never parts his hair in the middle; and when such a level-headed young man happens to study medicine, he never imagines that he has finished his education when he has obtained his degree. He enters upon the responsibilities of practice with a well-earned conviction that he is, indeed, richly stored with sundry teachings, and according to his faith in his teachers is his trust in their teachings; but, both teacher and teachings must be tested at the bedside, and *by him*, and he approaches the grand ordeal with a pardonable degree of uncertainty. *Experto crede*, for on my honor, dearest of readers, *I* never parted my hair in the middle!

Now, what would such a conscientious young M. D., whose profession is not a *trade*, give for some well-seasoned "old Doctor" with a *cor magnum* in him throbbing the eleventh commandment, to whom he could go and say, "My dear friend, I have got a serious case of so-and-so, and the remedies are this and this, and *can* I trust them?" And then to have those kind eyes, that *have* made those anxious vigils which *he* has yet to make, light up with a glow of sympathy, and to hear the words: "My dear young friend, I can only give you a few *hints*. I have learned to trust in so-and-so, and I am grateful for an opportunity to give you some little assurance in an art so difficult and so illimitable as ours." And then to go to

the bedside, and to do a man's work in a man's way, and to find that you *can* rely upon your old friend and his hard-earned experience.

Is this a fancy sketch, a figment of the imagination? Does it contradict that relentless law, which has no shadow of a Christ in it, the *survival of the fittest in the struggle*? It is not a fancy sketch; such a friend had I once, but, O Darwinian law, he did *not* "survive" although one of Earth's "fittest." No, no; *here* the mists are too thick, too chilling, too harsh, and he was called to light, to warmth, and to love without end. *I* was left—alas for the law of the "survival of the fittest!"

Such, then, my young graduate—to give you a review *in nuce*—is RAUE'S SPECIAL PATHOLOGY. Thirteen years ago your servant wrote his name in a copy of the first edition, and more than one bedside agony can testify to the validity of Raue's "hints."

The first edition had 644 pages; this new one has 1,072, and it RAUE has added 428 pages it was because four hundred and twenty-eight page of *something solid had to find a place in this universe*.

But what a quiet humour this RAUE has! Here in this new edition are some plates "after Bock!" Carl Bock, *Professor Carl Bock*, the arch-enemy of Homœopathy, illustrating a homœopathic book!

The just appreciation of even an enemy proves the possession of that *cor magnum* of which I have made mention; and if Bock will only buy Raue's book he will get his own back again with compound interest.\*

The present edition is written up to date, tersely, it is true, but, so far as I have read, in consonance with the latest teaching; some ugly errors of the old edition are corrected, as, for instance, the article on fatty degeneration of the heart, and on the whole I can honestly say this: I envy the practitioner who can read this second edition without learning something; and I would say to the young graduate, in an expressive Western phrase, "*Tie to it!*"

It has become a platitude to compliment publishers, but, really, Boericke & Tafel, and the Globe Printing House may well be proud of this book.

S. A. JONES.

\*"Herr Professor Carl Bock ist todt," says a German friend. So much the worse for Bock say I.

## Gynaecological Observations.

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C. S. MORLEY, M. D., PONTIAC, MICH., EDITOR.

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### OVARIAN DYSMENORRHŒA.

Of all the miseries that fall to the lot of woman, perhaps there is none which, in its severest form, entails so much suffering, both of mind and body, as that frequent symptom, variously manifested, the outcome of various diseases, which we term dysmenorrhœa.

The period of attack is during the time of highest vital energy, and therefore of highest nervous sensibility and highest appreciation of pain.

Such is one of the multitudinous heads of that monster which we spend our lives in combating, and the object of this paper is both by investigating the enemy's method of warfare, and a close examination of our armory, to assist in helping each other in that fight from which we cease not until we pass to "where the weary are at rest."

The subject of the present article is ovarian dysmenorrhœa, and at the outset it is well that we distinctly understand that dysmenorrhœa in any form is a symptom and not a disease, i. e. the word does not bring to our mind, as, e. g. metritis would, a definite pathological condition that would hold good, with certain individual variations it might be, in numerous instances; but it merely expresses a certain symptom, and that not at all constant in character, duration or severity. The result of different pathological conditions, themselves associated with various and wholly independent diseases.

In organs subject to periodic or even irregular functional increase of blood supply, such increased flow takes place in such organs in the healthy condition without pain or inconvenience to the subject, as, e. g. in the stomach during digestion, or ovary in menstruation.

The organs are so constructed, whether in their substance or

stroma or in the arrangement of their vessels, as to allow for the requisite distention without unduly pressing upon the neighboring parts, or causing disturbances of their nerve supply. But where from any cause, whether from without or within, the blood supply is in excess of that for which provision has been made, or the onward flow becomes impeded, so as to throw at one time a greater burden on the organ than it is constructed to bear, inconvenience and if such conditions persist, pain is the result.

Such a condition may happen in one or both ovaries accompanied by a feeling of fullness and weight in one or both inguinal regions and a fullness of the mammæ, beyond the slight sensation of sympathetic accord that obtains in many women during the catamenial nixus.

#### ACUTE INFLAMMATION OF THE OVARY.

When acute inflammation invades an organ such as the ovary, consisting as it does, of a more or less dense stroma, bounded by a membrane of some considerable firmness, it follows that the distention, the outcome of the vascular engorgement, associated, it may be, with actual increase of the area of vascular supply, is productive of severe pain.

True dysmenorrhœa may not, however, necessarily be associated with this condition, for it not unfrequently happens that ovaritis is the result of cold, fatigue, or violence, happening at the outset of a catamenial period, and the disease arresting the natural function, dysmenorrhœa cannot be said to exist. So, too, should the exciting cause happen during the inter-menstrual period, the ovaritis may have reached such a stage as to arrest the catamenia.

Should, however, the inflammation be partial, or of the investing membrane only, the hyper-vascularity would produce severe dysmenorrhœal pain, very acute, throbbing, lancinating and almost intolerable.

It follows from the above considerations, that dysmenorrhœa in acute ovaritis is rare.

The treatment in such a case must be directed to subduing the inflammation. First and most important is absolute rest in the recumbent position; hot applications over the affected inguinal region as well, if patient be of proper age, hot water vaginal injection—

if not convenient to employ hot water continuous poulticing to the hypogastrium.

Internally, the exhibition of Bell., Ham., Gels., or any remedy that has an affinity for the ovarian venous plexuses—especially the sub-ovarian venous plexus or venous bulb of the ovary, a club-shaped venous body in which the ovary and utero-ovarian ligament are partly imbedded. This I saw handsomely demonstrated last week in one of the gynæcological wards here in Vienna where I had an opportunity to follow the case to the dead house and examine for myself.

#### CHRONIC OVARITIS.

When inflammation of the ovary passes into the chronic stage, it is then we have presented to us dysmenorrhœa as a prominent and most distressing symptom.

By the constantly recurring hyperæmia the ovary becomes enlarged, first of all by an increase not only of the calibre of its vessels, but also by an increased vascularity as exhibited by the multiplication of vascular channels. These primarily press upon, and then encroach upon the ströma, leading to true hypertrophy of tissue, and in some cases the increased blood supply leads to increased, though morbid, growth of the Graafian follicles. (Ovarian tumors, etc.)

This condition produces an enlarged, painful, and tender ovary; pain is felt when pressure is made over the inguinal region, which in the natural state is scarcely discernible; the ovary is swollen, and by its increased weight generally displaced, either deeper into its lateral cul-de-sac, or into the recto-uterine pouch; the least pressure calling fourth the expression of pain, such pain being not merely limited to the organ pressed upon, but sending a dart of pain into the mamma on the corresponding side.

Whereas, in normal menstruation mammary sympathy is by no means an unfrequent concomitant; in chronic ovaritis it becomes more intense. Normal menstruation produces a sensation of fullness and tingling of the mammary glands not unlike, in a minor degree, that felt during the flow of milk; and in many cases the glands themselves swell and are felt to be somewhat hard and knotty. But to the dysmenorrhœa of chronic ovaritis mammary pain adds an important factor; for then the breasts become swollen,

ard, and painful, the pain being of a sickening character with occasional stabs of acute suffering.

The treatment of dysmenorrhœa arising from chronic ovaritis, and so of its cause, is tedious, difficult, and often very unsatisfactory and disappointing. The disease often extends over a long period of time; tending, unless taken in hand early, to increase in severity, to pass into other conditions hereinafter to be considered, but which are none the less productive of dysmenorrhœa.

The sufferer dreads the approach of the period of pain, extending, it may be, over two or three weeks, and she is thereby often obliged to withdraw herself from society and to seek by enforced rest some mitigation of the pain.

Temporary measures applied during the seasons of pain are of but little avail; on the patient resuming her ordinary avocations the predisposing causes are again presented; exertion, and in fact any motion, tending to increase the hyperæmia which is so important a factor in the production of the pain.

The patient should be told that a cure will involve much patience, both on her part and on that of her medical attendant, and reparations should be made for a considerable period of rest and treatment; for it cannot be too much insisted upon that a too early return to the ordinary avocations of life may undo the work of weeks, or even months, of judicious treatment.

For the immediate treatment of the oncoming pain, I know of nothing better than one or two enemata of warm water to remove any fecal matter that there may be, lest the distention of the rectum should by pressure aggravate the suffering and also for the well-known action of warm water to relieve pain; the patient should have one or more hot sitz-baths, at a temperature of 105° to 110° and generally maintain a supine posture.

Internally Bell., Gels., or Cann. ind., in good doses and at times, if the pain is very severe, suppositories of Atropia gr. 1-20 to 1-16. The actual flow usually in these cases brings some relief, but after cessation the recurrent pain may perhaps be best combated with opium, and in my hands when other remedies have failed, Bromide of Potassium in doses of grs. x to xx every three hours has performed wonders.

The main duty, however, of the physician is to direct his atten-

tion to the cure of the disease which is producing the dysmenorrhœa; and for this he must enjoin absolute rest. If the ovaries are lying low, gravitating by their weight, it is a good plan to have the couch or bed elevated at the feet about six or eight inches. In the hospitals here they have what is called the "tilted bed" and they find it of great value in the treatment of many cases—such as prolapsus of the ovaries, fibroids of the uterus, retroflexions of the gravid uterus, etc., and its method of relief is, no doubt, by taking off the weight of the superincumbent intestines, and lessens the pressure of the viscera on the pelvic nerves. The elevation of the bed is better than any arrangement with pillows, as the gentle declination tends to lessen the dragging sensation.

For the general treatment, much has been tried with various means and remedies, but each case must be considered and treated on its own requirements. By a glance at the anatomy of the female pelvis, one will see on anatomical grounds alone, how essential is absolute rest, on the part of the patient. The ovarian and sub-ovarian veins form plexuses near the ovaries, broad-ligaments and Fallopian tubes, unite with the uterine veins to form single vessels—ovarian veins—which are analogous to the spermatic vein in the male, which open, on the right side in the interior vena cava, at an *acute angle*, on the left side, in the left renal vein at a *right angle*. The left ovarian vein, aside from having such an irregular course and meeting some resistance before reaching the inferior vena cava, passes behind the sigmoid flexure of the colon, a part of the intestine in which fecal accumulation is common. This fact alone may explain why ovarian complications are more frequent on the left than on the right side. This circumstance, as well as the absence, as a rule, of valves in the ovarian veins, may account for the many cases of ruptures of the left ovary at the commencement of of menstrual period—often the menstrual fluid not having yet appeared externally.

Following closely and dependent upon chronic ovaritis, comes a condition that greatly aggravates the dysmenorrhœa arising from that disease. It is where adhesion takes place from peri-ovarian inflammation, whether of the adjacent peritoneum, the broad ligament, or the subperitoneal connective tissue. Where the ovary becomes involved in inflammatory products in either of these tissues its mo-

bility is greatly interfered with, if not altogether destroyed. The recurrent hyperæmia produces pain not only by the natural distention of the diseased ovary itself, but also by its encroaching upon the tissue which is the subject of contiguous inflammation. The pain is very persistent and intractable, and a cure is only to be looked for after prolonged and careful treatment. Next in order, to be brief, is the stage of retrogression. The coats of the vessels become thickened and the sometime hypertrophied stroma becomes denser, and that state of the ovary is finally arrived at, which is often loosely termed atrophy, but which, following the analogy of other organs, is fitly termed "cirrhosis" of the ovary. Such a condition may be recognized more easily in thin subjects, for the ovaries, being small, are difficult to find or fix; but when this can be done by the conjoined examination the ovaries are found denser than in their natural state, and their surfaces are felt to be rougher than in the normal condition. After death, its surface, instead of presenting the normal smooth appearance, is divided into vermicular ridges, not unlike the surface of the convolutions of the cerebrum. This is due to the shrinking of the vascular walls, and the consequent in-drawing of the ovarian stroma.

The treatment in these cases present a problem very difficult of solution. If the patient is approaching the menopause it would be advisable to try and hasten the progressive atrophy, of the organs by the administration for a considerable time, of the Bromide of Potassium, Ergot, or if the patient is of a scrofulous diathesis Iodide of Potassium—all of these in the 2 x. But when the patient is young we have a state of disease that holds out the prospects of but little relief from the ordinary modes of treatment.

It is, in such cases, that the operation, long ago suggested, but brought into notice more recently by Dr. Battey, of Atlanta, Ga., affords a prospect of cure, of which we should not hesitate to avail ourselves. It is true, that results have hitherto not been encouraging, nevertheless, if we measured the benefits of an operation by the results of the early operations, or were deterred by unreasoning prejudice, ovariectomy would not have saved, as it has done, thousands of lives. As most, if not all of the practitioners are familiar with the different steps in the operation of Oöphorectomy I will not enter into the details but simply remark that the result of the opera-

tion depends almost entirely upon the conditions of the adjacent parts at the time of the operation, and the after treatment. In this operation the peritoneum is usually in its normal condition, and is therefore more likely, from its activity to take on traumatic inflammation, whereas in the case of ovarian or other tumors of large size, the pressure and friction of the tumor render the peritoneum less sensitive to further injury.

I think the abdominal incision preferable in nearly every case, as a large opening can be made, and so more room be obtained for manipulation; and, moreover, should any difficulty or hemorrhage occur, the parts can be got at with greater facility, and now by the antiseptic method of performing abdominal surgery the risk is lessened by a great degree: the other operation through the vagina, in its posterior cul-de-sac, should there be any adhesions difficult to break down, or should the pedicle slip and hemorrhage supervene, it is extremely difficult and hazardous to separate the adhesions, or to secure any bleeding point through so so narrow and long a passage.

I consider the cases most favorable for operation those in which there is severe dysmenorrhœa undermining the health of body and mind, where the pain is due to extreme congestion of the ovaries, and more so in those cases where prolonged congestion or inflammation, as above described has led to that form of disease termed cirrhosis, where, as a rule, the ovaries are non-adherent.

Vienna, Oct. 1881.

PHIL PORTER, M. D.

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EDITORIAL NOTE.

Proof of the above article was sent to the editor of this department but was not returned when time arrived for going to press.

Of the new remedies which have been used for dysmenorrhœa *Caulophyllum*, *Xanthoxylum* and *Collinsonia* deserve close attention. A very fine article upon *Xanthoxylum*, by Charles Cullis, M. D., will be found in one of the earlier volumes of this Journal.

Dr. Porter promises other papers during his stay at Vienna, and we trust they will be still more interesting. E. A. L.

## Materia Medica.

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PROF. S. A. JONES, M. D., ANN ARBOR, MICH., EDITOR.

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### A CURIOUS MANUSCRIPT.\*

MR. PRESIDENT:—Of the manuscript—a copy of which I shall have the pleasure of reading to you—nothing will be said concerning the how, when, and where of its obtainment. All of these considerations are irrelevant to its subject-matter, and its to-you-unknown author has attempted a secrecy so studiously that every endeavor should be made to preserve it inviolate. Let it suffice that we are permitted to know his thoughts. Having emitted his thoughts; having eased himself of the burthen of them, he could have committed the written evidence thereof to the flames, and thus avoided, or “evaded,” the responsibility which appertains, or should appertain, to all thinking. It will be evident to you, however, that his is not a soul of the “evading sort, but rather a *pervading* spirit, having a habit of *going through* a thing, and not around it, or beside it, or out of the way of it, in any manner whatsoever. Such a Soul is very easily misunderstood, and not only by the goose-kind. Such a Soul often sits in darkness bewailing itself all on account of such misunderstandings; sits in the darkness groping for fellowship, yearning for it, and finding only variance and estrangement. I wonder that it thinks at all; much more trusts its thought to not only the goose-kind.

But I am here to introduce and not to defend or palliate. I am, however, moved to solicit a dispassionate hearing, an unbiassed judgement, and, if need be, an endeavor to get at the meaning of him—this last chiefly.

I am afraid we shall find a somewhat querulous incisiveness pervading him for quite a portion of his manuscript; and I am free to confess that the quiet calm of his introduction provokes a smile

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\*Read at a meeting of the *Cosmopolitan Anti-Cant Society*, and published at the request of a small minority.

in me because the white heat of a fervent indignation shines through it. He at first evidently has tried to voice himself in a key to which he is all unused, and this makes his failure inevitable. But, when his indignation has burned itself out the subdued heat in the ashes is not unbearable—there many a shivering soul may, happily, get a warmth that is even vital.

To be frank, I have learned to regard him with a certain affection, having known something of his trials, having seen him in his darkest hours, having found in him some little not wholly despicable. May he fare as kindly at your hands!

### A LETTER TO A CHRISTIAN GENTLEMAN:

CALCULATED FOR THE MERIDIAN OF GREENWICH, BUT, UNHAPPILY, APPLICABLE IN OTHER LONGITUDES.

SIR:—As the robust heartiness of an open letter offends the Pomatumed Respectabilities, flinging all snobdom into an accessant ferment, I, a peace-loving and inoffensive man, am obliged to address you as a No-name. *You* are, and must be, anonymous; no possible tinge of shame must be *seen* on *your* cheek; *you* must be allowed to “blush unseen.” I am very tender with you; addressing you by the name of an assumed, occult quality, and, surely, every christian gentleman, and every other gentleman who thinks himself such, will be appropriating that which is meant for *you*—and all this because an open letter is “personal.” Alas, truth-telling is a sorry trade.

Now the reader is given to understand that, in this my endeavor to conform to the aforesaid Pomatumed Respectabilities’ standard, I will not tolerate any impertinent curiosity. I desire not to be frustrated in my endeavor; and, if the reader goes sneaking about for dates, and places, and occasions, and persons, he will put a virtuous, peace-loving man to much confusion, by making this an open letter in spite of him. I shall, then, indulge in such harmless mystifications, and other trail-hidings, as will lead the unduly inquisitive into a bog. If, then, some men appear under new names, it is not that I desire to falsify citations, but simply to avoid an open letter. If, after all these devices, an envious Pomatumed Respectability, or any snobling whatsoever, shall say that this *Letter to a Christian Gentleman* is “personal,” etc., etc., etc., I shall wash my hands forever of Respectabilities, Snobs, and Christian Gentlemen the world over, and beyond!

Said a learned Aztec editor on one occasion :

"The conception of the infinite divisibility of matter current in ———'s day has now been exchanged for that of its atomic constitution, which implies that we must at length arrive at a stage at which we can divide no more. This idea was not disturbing to us at first, as imagination might suppose the atom as small as it pleased, and far beyond any attenuation reasonable ———'paths were likely to use. Our confidence was rudely shaken, however, when physicists began to attack the question of atomic magnitudes, and agreed that these—minute as they were—did not carry us into numbers exceeding trillions. Thomson and Clerk Maxwell estimate the number of ultimate atoms [are not all "atoms" *ultimate*?—B.] which can be contained in a space 1-1000th of an inch cube as between a hundred billions and ten thousand billions; and supposing these atoms to be of oxygen and hydrogen, and to unite to form water, Sorby calculates that four thousand billions of molecules of water might occupy such a space. Drs. Durchsichtig and Kollern have shown that, upon such data, the molecules of a liquid drug would become exhausted at about the eleventh centesimal dilution, and at the twelfth would cease to be even probably present.

*"This startling difficulty is evaded by some by saying that the atomic constitution of matter is at best only a theory, that it can never be proved."*

So far the aforesaid learned editor, on Delphic tripod perched, inhaling the frenzy-breeding smoke, and emitting—?

The "agreement" is "between a hundred and *ten thousand*;" this *startling* "agreement" is an "estimate;" from this most elastic "estimate" another has calculated so and so, and from this "calculation" Drs. Durchsichtig and Kollern "have shown" "how the milk got *out* of the cocoa nut," all of which is to the aforesaid learned editor—"startling!" O, heavens! what a dust-raising; defiling the pure sunlight with Stygian sophistries, and crying *How dark it is!*

"Attack the *question* of atomic magnitude"—a sort of "scientific" Blind-man's Buff for "startling" learned editors wheresoever found. Courage, learned editor; there is much of cheer in the *fact* that it is a "question," and much of dust when such questions are "attacked" in the dog-days!

But a much-alarmed, learned editor, crying "*How dark it is!*" imagines that all who have looked upon this dust-raising are also Gorgonised, whether learned editors or not. A foolish fear and a difficult to cast out from a much-alarmed, learned editor's mind.

"This startling difficulty," namely, the aforesaid much-blinding dust-raising, "is *evaded* by some!" A cowardly conclusion, O much-frightened, learned editor; one having no basis whatsoever in truth; existant, in very fact, only in a dust-blinded, terrified, learned editor's phantasy.

"Evaded" is an unfortunate word to let slip from a learned editor's pen; a bad word for a Christian Gentleman—having the *Decalogue* and *Chesterfield's Letters* to make him duly "nice"—to apply to an opponent; even a dishonest word to throw at one who is not in the habit of showing his back in any dust-raising whatever. Learned Editor's pen must play no pranks like this or Learned Editor's probity will be called into question by others than Christian gentlemen.

Learned Editor should, if possible, become a *thinking* animal; and Christian Gentlemen should, if possible, be just.

Learned Editor has probably seen a Book with sesquipedalian title—*Pharmacodynamics*—in which Book its author vouches for the efficacy of potencies which present the "startling difficulty" of being atom-less, so far as medicine, or drug, is concerned. Learned Editor should tell us in quiet, christianly manner, how to "evade" the conclusion that the said author is "either knave or fool," for such, indeed, is the dilemma.

The said author, being put on his defense, deposeth: "Learned Editor: having used certain 'potencies' again and again, and knowing them to be potential, the 'question of atomic magnitudes' is not 'evaded,' but laughed at. 'Question of atomic magnitudes' says, 'There is *nothing* in your potencies.' Biped without feathers, long time 'sick,' takes up his bed and *walks*. *That* I can see; 'atomic magnitudes' I cannot see. Now, which shall I 'evade?' 'Question of *gaseous* atomic magnitudes' or flesh and blood phenomenon walking, eating, working and variously testifying?" Learned Editor, look to thine ears, for of all beasts a "scientific" Nick Bottom is most—pitiful.

If Learned Editors would only *read*—Hah! [Surprise, ejaculation, unpremeditated, *involuntary*—perhaps pardonable by many *not* Learned Editors.]

"Our acquaintance with matter, as every one knows, is nothing more than an acquaintance with its properties; or rather with those

of its powers which affect our senses. But these properties of matter resolve themselves into so many species of motion—emanative, or vibratory, and the motion implied in chemical combination. The resistance offered to the touch by solid bodies may seem an exception to this statement;\* but it is not so in fact, for the resistance of a solid surface is nothing but a *propulsion*, operating within the minute sphere of that atomic force which prevents the actual or mathematical contact of bodies. We know solid bodies, therefore, *only by the rebound* which prohibits approximation within a certain limit. It is then a species of motion that conveys to us the idea of solidity.

“In other words, for sustaining all the phenomena of the material world, mechanical and chemical, we need suppose nothing more than an infinite congeries of mathematical points of attraction and repulsion—attraction and repulsion of several kinds. This supposition fully answers all the purposes that are unanswered by the notion of hard indivisible atoms. That which is superadded to the very simple idea of a centre of attraction and repulsion, in order to bring it up to the motion of a solid atom, adds absolutely nothing serviceable to it, or even, perhaps, intelligible, and is altogether superfluous. The hard ultimate atom performs no office which the mathematical centre *will* not perform. But then these infinite centers are only so many *starting* points of motion—motion in several directions, or motion of several species.

“It only remains, then, to bring this idea of the material world into connection with the principle that motion, in all cases, originates from mind; or in other words, is the effect of will—either the Supreme will, or the will of created minds. Motion is either constant and uniform, obeying what we call a law, or it is incidental. The visible and palpable world then, according to this theory, is MOTION, constant and uniform, emanating from infinite centres, and springing, during every instant of its continuance, from the Creative Energy.”†

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\*“One party \* \* \* maintains that it is necessary to suppose, for instance, that the particles of which water is made up are possessed of solid bulk, else they could not communicate bulk to the form they produce by aggregation; that the particles of oxygen and hydrogen which compose a water particle must possess bulk, else they could not communicate the property of communicating bulk to the water particles they compose; and that, of whatever simpler particles an oxygen (or hydrogen) particle be ultimately composed, these ultimate particles must have solid nucleuses. The other party \* \* \* see that this is not at all necessary; but that if a number of self-repulsive points in limited space be granted, there is at once produced an extended substance. If the central point in that sphere, which a curved hand can embrace, were suddenly endowed with the irresistible power of repelling my fingers through three inches of spherul diameter, it were the same as if a three-inch ball of adamant were thrust into my grasp.”—Samuel Brown, *Critical Lectures on the Atomic Theory*. Lecture 11, p. 31.

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†Physical Theory of Another Life, 3rd ed., p. 291.

O Learned Editor, wouldst thou only read; wouldst thou only think; wouldst thou only stand in the awful silence of a cloudless night and say aloud to thy soul, "In Him we live, and move, and have our Being,"—then methinks that all dust-raisings whatsoever would have no terrors for thee forevermore.

Perhaps, O Learned Editor, one thinker can believe as firmly in Boscovich as does another in Dalton, and in the puissance of his belief have no occasion to "evade."

And perhaps, O Learned Editor, it is even righteousness to return to thee thy little, spleenful, unchristian but "polite," meanness.

\* \* \* \* \*

Having done with the Christian Gentleman, whose *incognita* we have, with deft circumlocutions, preserved inviolate, one word or two with the general reader may not be amiss.

It will readily be seen by you, most astute reader, that the aforementioned Drs. Durchsichtig and Kollern advocate, with slate and pencil, what has been called "the atomistic view of the atomic hypothesis," and that the Boscovichian theory represents the "dynamical," as it has been called.

Wolf, Carus, Passavant, Schelling, Newton (toward the end of his days), Priestly held by this latter hypothesis, and even Faraday inclined unmistakably toward it. It is, then, by no means despicable; it does not "evade" the "atomistic view;" it meets it, challenging the ground with it; *and this is History*.

Understand, too, that neither of these hypotheses are demonstrable; each "must be taken as a postulate to be worked as an unknown quantity in the equation of the science," and the subject-matter of each, "if brought at all within the compass of our knowledge, must be contemplated by the superior subtlety of mental vision alone."

Now, in the choice of hypotheses, it is the part of wisdom and the duty of the philosopher to adhere to that which explains the most with the least violence; and that which does this is the best working-hypothesis. Assuming, then, the conclusions from Sir Wm. Thomson's researches as correct, and the Daltonian "atomistic view" nullifies all potencies beyond the twelfth centesimal. But, we have had over half a century of experimentation with po-

tencies far beyond the twelfth centesimal, and these experiments have been made by so many different observers, and under such varying conditions, and have given such a *per centum* of unity-in-results that we are justified in regarding these results as a challenge to the "atomistic view" and the conclusions therefrom deduced. We cannot justly give up the experiments of thousands on the demand of one physicist.

Having, then, the *dynamic* results of our potencies to account for, how natural it is that we should turn to a "dynamic hypothesis." That our potencies *are* potential is not a question with us; it is a demonstration oft repeated, and *again repeatable*. The demand, then, is for an hypothesis that does not ignore such *results*. They are not to be denied, and philosophy insists that any hypothesis concerning the ultimate structure of matter shall recognize these results and conform itself thereto. Men may hold "scientific" causes, and packed conventions, proceeding according to "parliamentary usages," and yet the eternal fact will live.

Isaac Taylor has beautifully phrased the Boscovichian idea: "The visible and palpable world then, is MOTION, constant and uniform, emanating from infinite centres, and springing, during every instant of its continuance, from the creative energy."

Then, there is the nature-inspired Oken, bursting out in long-sustained rhapsody: "God is a rotating globe. The world is God rotating. All motion is circular, and there is everywhere no straight motion any more than there is a single line or straight surface. Everything is comprehended in ceaseless rotation. Without rotation there is no being and no life; for without it there is no sphere, no space, no time."\*

Then comes the "vortex-atom theory of Sir W. Thomson, dimly foreshadowed in the writings of Hobbes, Malebranche, and others, but only made distinctly conceivable in very recent times by the hydrokinetic researches of Helmholtz;" and, so far as "distinctly conceivable," presented for our comprehension thus:

"That the universe is filled with something which we have no right to call ordinary matter (though it must possess inertia), but which we may call a perfect fluid; then, if any portions of it have vortex-motion communicated to them, they will remain forever

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\*Elements of Physiophilosophy, p. 142.

stamped with that vortex motion; they cannot part with it; it will remain with them as a characteristic forever, or at least until the creative act which produced it shall take it away again. *Thus this property of rotation may be the basis of all that to our senses appears as matter.*"\*

Now, why shall not a homœopathic dynamist say, "If these potencies of ours 'have vortex-motion communicated to them, they will remain forever stamped with it, they cannot part with it, it will remain with them as a characteristic forever, or at least until the creative act which produced it shall take it away again.'"

In a word, the dilemma is this: The potencies are potential, and the 'atomistic view of the atomic hypothesis' not only fails to explain this potentiality but absolutely denies it. It is, then, an inadequate working-hypothesis, finding phenomena—experimental results—with which it is not in accord. What, then, remains for the homœopathic experimental philosopher, knowing the potentiality of the potencies, but to accept the "dynamic view" of the mystery of matter? It explains the most with the least violence; it recognizes the *indestructibility of energy*; it teaches the oneness of matter and motion; it pronounces them eternal.

In all this there is no "evading" but only a humble, grateful, devout acknowledgement of the larger truth."

Here ends the manuscript, and perhaps it is not unworthy of the time you have given to the hearing of it.

Perhaps an earnest Soul is worth the hearing always, though its voice itself never so discordantly. And, indeed, if it be the honest voice of it, what can we in all honesty do but hearken to it? Ask not, "Is it mellifluous?" but "Is it true; is it *trying* to be true—ahungered and athirst for TRUTH?" If so, thou refusest to hear it at thy peril, be the voice of it whatsoever it may.

One thing I get from this manuscript, namely, its undertone: "*Knowledge is knowing that we do not know.*"

S. A. JONES.

*Ann Arbor, Sept. 8, 1881.*

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\*"A body so small that, for the purposes of our investigation, the distances between its different parts may be neglected, is called a material particle. \* \* \* \* \* Even an atom, when we consider it as capable of rotation, must be regarded as consisting of many material particles."—J. Clerk Maxwell, *Matter and Motion*, p. 13.

## American Observer.

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E. A. LODGE, SEN'R., M. D., DETROIT, MICHIGAN, EDITOR.

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### MEDICAL "ILLITERATURE."

CLIFFORD MITCHELL, M. D.

There are few physicians whose names appear in any of our medical directories who do not receive yearly cords of circulars, bushels of pamphlets and stacks of samples of various things, as the school boy says, "too numerous to mention." If the tired doctor leave town for a summer vacation, on his return he finds a heap of printed matter awaiting his perusal which five men could not skim over in a month. As Mark Twain says of the "Legion of Honor," "few escape this," and many wonder what proportion of these multitudinous "Fluid Extracts" and "Beef Tonics" so loudly puffed and used by every "celebrated" physician from "Alpha to Omaha," really "pay," and to what extent the credulous practitioner uses them.

The fact is "quack" medicines are multiplying and seeking pharmaceutical disguises; an enterprising individual desirous of making money instead, as of old, of hiring bill-posters and painting "Dr. Bolster's Bilious Bitters, B. B. B." on the rocks of Mt Washington, now buys certificates directly or indirectly from "celebrated" physicians and invests his capital in printing presses and circulars which latter are actively distributed among the profession.

A large number of advertised preparations are made by well-known manufacturing chemists and are not only honest, reliable, and accompanied by statements of ingredients and proportions thereof, but are invaluable to the country practitioner; to these we do not refer, but recognize their legitimacy in the field of medicine.

The number of specimen copies of embryo medical journals of gloomy typography, and extraordinary intrinsic worthlessness,

which I receive in one year is truly startling; then on the other hand I often get a warning postal card saying "We have from time to time sent you specimen copies of our medical journal with a hope that you may become a subscriber" when the postal card is the first I have ever heard of it.

Then again that variety of yellow covered literature known as the medical college announcement comes thick and fast in the summer months; in this we read that the Whangdoodle College of Physicians and Surgeons will graduate more doctors in less time, with more clinical, chemical, gynæcological and obstetrical facilities than any other college in the universe, and that the price of board in every city of the union is cheaper than it is anywhere else.

To the uninitiated it may seem strange that a college of some twenty students, inclusive of janitor's family, can be in such a blaze of prosperity as to afford the facilities and courses of instruction set forth in such roseate language by its announcements.

Then, too, there is the famous "text book" on this, that and the other subject used by all our "best" colleges, the spelling, grammar, punctuation and typography of whose pages are simply atrocious.

One circular sent me rejoices in the certificate of some worthy doctor, which reads "a most obstinate case of pregnancy came under my notice yesterday!"—meaning "a most obstinate case of vomiting in pregnancy."

I have however during the last week been favored with a circular which is simply wonderful; nothing but the famous Portuguese grammar, or the Norwegian guide book which says "here it is set-a-going a not quite inconsiderably manufactory business," can compare with it.

It starts off in very grand style as follows: "More than thirty years have now elapsed since, on account of the unsatisfactory results—both, of the alœopathic and the homœopathic method in curing pulmonary diseases, I began, to occupy myself with the idea, if not and how the curability of lung tubercle might be by medical influence, such as had been adopted by celebrated Anatomists and Physiologists, accomplished." We offer a premium to any one who can understand this sentence when read aloud to him by some one else; from a rhetorical point of view it is not improbable that Herbert Spencer would be goaded to madness on reading it. We

are moreover startled at the bold departure made in spelling "allopathic" "*alæopathic*;" this orthography is euphonious and enticing but unfortunately does not mean anything unless possibly a "pathy" that cures by giving "aloe!" "To occupy myself with the idea if not and how" must have been a severe task for any one who had the courage to grapple with "if not" and "how" both at once.

Further on the amiable rhetorician says "this could be attained only by that law of nature which is the principle in the homœopathy" *similia similibus*, "but that neither the common form, nor preparation, nor finally the general manner of administering homœopathic remedies, corresponded with the aim." Whatever the "aim" alluded to may be we are rejoiced that the "homœopathy" *similia similibus* did not correspond. The use of "homœopathy" as an adjective reminds me of a remark I once heard a lady make: said she, "the house is so damp and mosquito I don't like to live there!"

In glancing over this rhetorically outrageous circular I found in two and one-half pages the word "allopathic" occurring five or six times and everywhere spelled "*alæopathic*" or "*allæopathic*." This however is nothing in comparison with the involved sentences in which the circular glories; for instance: "With the same impartiality and conscientiousness with which I abandoned the general healing method, and followed the homœopathic, at a time, when the acknowledgement and practice of homœopathy still brought to every physician the most manifold pangs of a martyrdom, for the sake of a new truth, I went about in pursuit of the object which I had proposed to myself, I did not stop even to consider or care if the whole homœopathic school pronounced an anathema on every composition of remedies, or not, nor at that time, still more than to-day, only highly diluted medicines were considered as homœopathic, but stood to nature, observed her proceedings in the so-called medicinal springs, in the composition of the atmospheric air, and came guided by experience and my observations to the discovery of an admixture, which I did not know, how to call by a more appropriate name, on account of its preparation and purpose than *Essentiaantiphthisica*." The writer of this sentence should have been private tutor to Cicero; imagine what would have been left of Catiline if a sentence fashioned like the above had been hurled at him! The astonishing climaxes developed in the words,

"*I did not stop*" and further on, "*which I did not know*" are worthy of the attention of all our brethern who are in training for the next "controversy."

One more quotation will perhaps "break the camel's back," figuratively speaking: "The issue to recovery belongs to rarities until now; we have not any remedy, which had, or contained the virtue of hindering the consuming and destroying process, not even, in the slightest degree." \* \* \* "As undoubtedly cures of pulmonary consumption occurs, but as such fortunate cases are very rare, we must look about, if not we and our remedies, in regard to their quality, power, and the manner of administering them, are not the cause, why the results do not turn out better than those of the alloëopathic."

It is easy to see that the contents of this circular (which is boldly entitled "Proof of the Curability of Consumption") were written in German originally and translated into English by some enthusiastic but rhetorically-misguided individual whom we trust has had the "proof of the pudding" by the "eating thereof," since in other respects it is not visible.

The famous "A. Ward" once delivered a lecture entitled "Babes in the Wood" in which all mention of "babes" or of a "wood" was carefully avoided; the hackneyed platitude about "Hamlet with the character of the Prince of Denmark omitted" would not be *mal apropos* in reference to the "Proof of the Curability of Consumption."

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### WILSONIANA!

Our friend W. of the *Advance* is a many-sided individual, and his accomplishments are something immense. We have long known him as preacher, professor, poet and philosopher; but of late his Pegasonian Rosanante takes a much higher flight, to wit, as *author*, critic and *grammarian*. Witness his efforts in the last number of the *Advance*. Reviewing one of our late publications, he takes the author of the book to task for making use of the wrong tense, wholly unconscious (1) that the quotation he makes from the book is expressly stated by its author to have been written by another person; (2) that he quotes incorrectly; and (3) that himself, in his single page review, makes no less than three grammatical errors, as follows:

1. "Its general unsoundness *and* incoherence is well adapted, etc."
2. "Then follows some interesting chapters, etc."
3. "His selection \* \* are somewhat limited, etc."

C. P. H.

## Colleges, Societies, Etc.

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ALBERT LODGE, M. D., DETROIT, MICH., EDITOR.

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**MASSACHUSETTS HOMŒOPATHIC SOCIETY.**—The semi-annual meeting was opened at 10 A. M., Oct. 13, 1881, the President, Dr. J. T. Harris of Boston Highlands, in the chair. The records of the last meeting were read by the Secretary, Dr. Herbert A. Chase, of Cambridge. The President made mention of several deceased members. The following were elected members of the Society: Frank Joy Fesler, M. D., D. D. S., Lowell; Annie E. Fisher, M. D., Boston.

Dr. I. T. Talbot, of Boston, read a paper on the "Uses and Abuses of the Probe," in which he referred to the case of President Garfield, as showing how the probe may deceive and prove injurious. He pointed out the fact that the wound untouched by the probe had shown a healing tendency, and that even in the hands of skillful surgeons the probe had taken a wrong direction and in the pus cavity had doubled on itself.

Dr. J. Heber Smith, on the part of the Committee on Insane Hospitals, read a report, in which it was stated that they were prepared to demand that an insane hospital in this State be placed under homœopathic care. It was claimed that even the showing of the allopaths indicated that little had been done in the work of cure. The report urged that the large element of believers in homœopathy in the population of the State are entitled to representation in the work of caring for the insane. It also claimed that women physicians should be placed on the medical staff of every insane asylum. At the close of the report the following resolution was adopted:

*Resolved*, That the Massachusetts Homœopathic Medical Society heartily endorses the report of its Committee on a Homœopathic Insane Hospital and considers that the time has fully come when the State should furnish to its dependent insane the more efficient as well as more humane treatment of homœopathy.

*Resolved*, That the committee be requested to prepare and circulate petitions to the State Legislature, and that the members of this society, the homœopathic physicians, and the friends of homœopathy in Massachusetts, be earnestly requested to use their influ-

ence with the press, the people, and the Legislature, that this want be provided for at the earliest possible moment.

An amendment to the by-laws, offered by Dr. H. C. Clapp of Boston, was held over for future action, providing that members, in the year of their admission, be not liable to assessment.

Dr. S. M. Cate, as Chairman of the Committee of Gynæcology, read a paper on "Anteflexion of the Uterus." Papers were read on "Etiology and Diagnosis," by Dr. Porter, and one on "Treatment" by Dr. Bennett.

The Society adjourned to lunch in Social Hall at 1 o'clock.

The oration was delivered at the beginning of the afternoon session by John L. Coffin, M. D., of West Medford, who reviewed the advance in public estimation which homœopathy has made, especially within the last few years, citing the tendency toward a coalition of the two schools, which has been manifested in conservative England, and was strikingly manifested in the remarkable address of Dr. Bristowe before the British Medical Association at Rye. The speaker urged that hereafter pathology and physiology must not be subordinate to therapeutics, and voiced objections to the present imperfect condition of the *Materia Medica* which, judging from the applause which greeted his words, are entertained by his hearers. While the allopathic school has devoted itself to objective experiments with drugs, the homœopathic school has perhaps spent too much time in determining subjective symptoms, and that school which in the near future rises to the gravity of the situation and makes free use of the excellencies of both, will be the school which will succeed. On motion of Dr. Thayer a vote of thanks was passed the orator, and a copy of the oration requested for publication. W. B. Chamberlain, M. D., of Boston, presented a paper on the use of cold water in cases of typhoid fever, advocating this treatment and citing from his own experience.

J. H. Sherman, M. D., of Boston read a paper on obesity, which he considered a disease. The doctor reduced his own weight 43 pounds in ten months by a system of diet.

The society then adjourned.

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## UNIVERSITY OF MICHIGAN.

The Evening News, of Detroit, Oct. 3d, refers to the charges of Dr. C. H. Skeels, of Lockport, N. Y., against Prof. E. C. Franklin, dean of the homœopathic school connected with the university of Michigan, and says "they are of such a nature that they will scarcely be whitewashed out of sight by the regents. If they are true Dean Franklin should be bounced, while, if they are not true, he should have the benefit of prompt and complete refuta-

tion thereof. They consist of specific allegations that Franklin gave Skeels, who was a student, credit for 20 weeks full time attendance, in order that said Skeels might graduate, whereas Skeels says he was only actually present 14 weeks and six days. When this charge was first looked into Skeels was absent, not having been notified of the time of the investigation, he says, and the college records and a landlady and a room-mate were produced to prove Skeel's presence during the time specified. But at the late meeting of the regents Skeels again returned to the charge, with affidavits to back up his original statement in many points. Consequently the regents propose to look into the matter again."

The Daily News, of Ann Arbor, Sept. 30, contains two columns relating to these charges and affidavits to substantiate them.

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### MEDICAL WAR IN ST. LOUIS, MO.

The Evening Chronicle, of St. Louis, is devoting a good deal of space to an account of a controversy between a number of the homœopathic physicians and professors of the rival schools of that city. Dr. Thomas A. Mathison charges Prof. P. G. Valentine with falsifying and challenges him to mortal combat. It appears that Prof. Valentine had made serious charges against Prof. J. T. Boyd and Prof. W. C. Richardson.

It was only a short time ago that union of these two homœopathic schools was talked of.

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THE CONNECTICUT HOMŒOPATHIC MEDICAL SOCIETY held its semi-annual meeting at Norwich, Conn., Oct. 11, 1881. The following papers were read: "Statistics of Homœopathic Practice," by G. C. F. Williams, M. D.; "Clinical Experience," by C. E. Sanford, M. D.; "Laryngeal Phthisis," by John A. Rockwell, M. D.; "Experience with High Potencies," by E. E. Case, M. D.; "An Encouraging Case of Hydrocephalus," by A. H. Allen, M. D.; "Clinical Cases of Transfusion of Blood and Intravenous Injection of Milk in Enema," by C. E. Stroud, M. D.; "Case of Stricture of Urethra with Complications," by H. W. Bishop, M. D.; "Report of an Autopsy of a Case of Hemipia," by E. H. Linnell, M. D.; "Cicuta in Chorea," by W. F. Hincklee, M. D.; "The Sphere of Ergot in Labor," by E. B. Hooker, M. D.; "Metastasis as a Cause of Insanity," by C. Spencer Kinney, M. D., delegate from the New York Society. Three new members were admitted. The next meeting will be held in New Haven in May, 1882.

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NEW YORK OPHTHALMIC HOSPITAL for Eye and Ear, corner 3rd avenue and 23rd street. Report for the month ending Sept. 30, 1881: Number of prescriptions, 4,042; number of new patients, 602; number of patients resident in the hospital, 18; average daily attendance, 168; largest daily attendance, 207. c. d.

## Personal Notices, etc.

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DAKE.—We are glad to be informed that J. P. Dake, M. D., of Nashville, Tenn., is recovering from a severe attack of typho-malarial fever.

HOUGHTON.—We are glad to be again in receipt of articles from the pen of our esteemed colleague, Henry C. Houghton, M. D. The doctor has been very sick with anthrax. We hope for his complete recovery and restoration.

McCLELLAND.—Dr. J. B. McClelland, of Pittsburgh, intends to spend six months in the hospitals of Berlin and Vienna.

PORTER.—Dr. Phil Porter, of Detroit, who is now at Vienna, sends us for the OBSERVER some very interesting reports of treatment in the hospitals there, which our readers will be glad to peruse.

WHEELER.—Dr. A. R. Wheeler, of the homœopathic college at Ann Arbor, has been appointed, by the Board of Supervisors at that place, physician to sick prisoners at jail, for \$100 per annum.

WINSLOW.—Dr. W. H. Winslow has returned from a tour in England and Scotland.

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## NECROLOGICAL.

PATTISON.—S. W. Pattison, M. D., an old and much respected resident of Ypsilanti, Michigan, died at that city on Lord's day, Oct. 23, 1881, at the ripe age of 84 years. He was a leading member of the regular Baptist church to which he had strong attachment. His sons, C. R. Pattison and William Pattison, both reside at Ypsilanti, the former as editor of the Ypsilanti Commercial and the latter as a devoted practitioner of homœopathy. His grandson, Dr. E. W. Fish, once our student and assistant, is at Chicago editing the *Illustrated Cosmos*.

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## MARITAL.

DEMUTH—MOORE—On the 12th October, at the residence of the bride's mother, in Canton, by the Rev. C. W. Knickerbacker, of Wayne, Mich., Clark DeMuth, M. D., of Plymouth, Mich., to Miss Effie Augusta, daughter of Mrs. L. N. Moore.

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ERRATA.—On page 448 printer has put in three lines of uncorrected matter by inadvertance.

Page 449, Britanica should be Brittanica; page 434, fourteenth line from top, read *size* instead of *rise*; page 435, last line but one, next to profession substitute comma for period; page 436 for clotor read clotar.

## Obstetrical Observations.

J. H. MARSDEN, A. M., M. D., YORK SPRINGS, PA., EDITOR.

### POST-PARTUM HEMORRHAGE—ITS MANAGEMENT, ETC.

There are few questions in Obstetrics which are so frequently discussed and with such unvarying interest as that of post-partum hemorrhage. Few of the accidents of parturition are so appalling in their natures, so trying to the obstetrician, so dangerous to the patient and so alarming as the sudden gush of blood at what is supposed to be the termination of a happy labor. Under no other circumstances is the physician thrown so utterly upon his own resources, without time for preparation or consultation. Not a moments time for reflection, neither is there time for sending for remedies or instruments. Fortunately there are few accidents which are so fully under the control of the accoucheur if he be prepared, and act with coolness and promptness. It has been wisely said that unless the accoucheur is fully prepared to act in such cases he is unfitted to enter the room of a parturient woman. It will be impossible for me to discuss the subject of post-partum hemorrhage in a brief paper for a medical journal. In the first place I am a disbeliever in theoretical papers upon any subject, but will outline some of the causes and management of this condition. First, hemorrhage due to inertia coming on immediately after delivery. Treatment by intra-uterine injections of a solution of per-sulphate of iron. This method is, I consider, the safest of all others, it never failing to cause the stopping of the hemorrhage. But at present let me speak of some of the causes of this much-dreaded complication of labor. First, we will refer to Thomas' Classification. He says: Post-partum hemorrhage is due to one of three causes: 1st. Failure of the uterus to contract when there is no mechanical interference. This, which he terms uterine atony or inertia, may be produced I claim by the early administration of an

opiate after delivery, and it may be due to a hemorrhagic diathesis, a constitutional predisposition to flooding, or in consequence of a long labor with violent pains. Second—The hemorrhage may be caused by some mechanical cause preventing the action of contraction. This may be a retained placenta, wholly or in parts, or clots of blood, uterine fibroids, etc. Third—Laceration of the parts of vaginal walls, cervix, or fundus uteri. Diagnosis is generally sufficiently simple so as to be easily recognized. The flow of blood, whether it be oozing away slowly or coming in gushes, demands attention. The hemorrhage, whether external or internal, is accompanied by a small, feeble, but rapid pulse. If extreme, the pulse fails at the extremities and syncope is a prominent symptom. The condition of syncope may demand earnest attention from some one, but the obstetrician must not for a moment relax his efforts to staunch the flow.

*Treatment.* Proper management in the third stage of labor may prevent, in almost all cases, hemorrhage following delivery of the child. I insist on the accoucheur never leaving the bedside of his patient until the placenta is delivered and firm contractions brought about. After expulsion of the child keep the hand upon the abdomen over the fundus. After a few moments rest deliver the afterbirth by slight traction on the cord, and pressure over the the fundus, forcing out the contents of the uterus. I feel that it is unwise to delay, and my patient is in danger until the contents are expelled from the womb, and it is firmly contracted. A dose or two of Ergot is advisable in the third stage to insure this condition. I am averse to applying the binder, if there be any threatening of hemorrhage, it tends to conceal the distending uterus and keeps us in the dark, and seldom, if ever, aids contractions. When called to a case, we should familiarize ourselves with it by a thorough examination. If you find a retained placenta go up and deliver it. First give a full dose of Ergot that you may know you will have some after-contractions—clear the uterus of all clots by judicious pressure and with the hands. After the hand is expelled or withdrawn, together with the clots, etc., use friction and kneading, as stimulants to contraction. If this fail, dip the hand in cold water and dash it upon the abdomen once or twice. If it will do any good, it does it at once from the shock of the cold hand being applied *suddenly*. This failing no time should be lost in using the per sulphate of iron solution by injection while there is as yet no great amount of accumulation within the uterus. In using intra-uterine injections of perchloride it is necessary to use some precaution against forcing the

solution into the uterine VESSELS. My plan is to inject through a female catheter with a soft bulb syringe, allowing the catheter to remain in the uterus while refilling the bulb. This will give a chance for the per-chloride solution to run out through the instrument, preventing the possibility of the uterus being distended with the fluid and of its being forced into the tubes.

Case 1. An alarming case of post-partum hemorrhage—a case that did not admit of delay or of trying anything of doubtful utility. Multipara age 42 years—a case of twins. Labor had been easy and natural, the placentas were easily delivered, womb contracted by friction and kneading and the patient was left alone for fifteen or twenty minutes. Returned to find out the condition of my patient and found her almost pulseless, lips cyanosed, and almost blind, womb relaxed and everything drenched with blood—could hear the blood pouring from the vagina. This I recognized as a case demanding prompt and decisive action. Pillows were removed, foot of the bed elevated some eighteen inches. A three per cent. solution of the per-chloride was got in readiness, also syringe and catheter. I at once introduced my hand and cleared away the clots, introduced the catheter and injected the per-chloride solution into the uterine cavity. The hemorrhage ceased at once and the womb speedily contracted. There was no farther tendency to hemorrhage. Mild stimulants were used for a few days; no septicæmic symptoms followed, febrile symptoms very slight. Carbolized injections were used as soon as any bad fœtor accompanied the discharge. The lochial discharge continued the usual length of time. The woman made a good recovery. I have used the iron in this manner in a number of cases, have never had any septicæmic trouble following its use, and I feel certain that no one is justified in delaying the use of it as a last resort, but it should be used in every case as soon as ordinary means fail, nor should we hesitate to employ it at once if the case seems alarming. The danger attending the use of Iron is from forcing it into the peritoneal cavity or open vessels, and the secondary danger of septicæmia in consequence of absorption of decomposing clots. The first can be avoided by the use of a double current silver catheter or as is sometimes called a catheter syringe, injecting through the catheter into the uterus, allowing the catheter to remain in the uterus thereby preventing the possibility of distending the womb and of the injected fluid being forced into the open vessels. In order to successfully inject the solution in this manner the syringe nozzle must be fitted to the opening of the catheter. The danger of septicæmia is overcome by the free use of carbolized injections, or in other words the thorough cleaning with carbolized water of the parts, washing out the otherwise offensive clots.

W. WATSON, M. D.

*New Holland, Ill., October, 1881.*

## American Observer.

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E. A. LODGE, SEN'R., M. D., DETROIT, MICHIGAN, EDITOR.

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### PRESIDENT GARFIELD'S CASE.

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#### DR. BOYNTON'S STATEMENT.\*

Dr. Boynton of Cleveland is here for the winter. Your correspondent in an interview with him to-day, obtained what he says was substantially a criticism on the management of President Garfield's case, which he has contemplated giving to the public ever since the death of the President, but which for prudential reasons he has withheld heretofore. In reply to the question: "Do you think the President's wound was necessarily fatal?" he replied, in his **much-decisive way**, "I do not."

"You think that if he had proper surgical treatment from the **first** he might have gotten well."

"I most certainly do. I don't say, however, that he might not have died, even under such circumstances."

"You think, then, there was reasonable ground for hope at first?"

"I do, most assuredly."

"And you think that the case was not properly handled?"

"I have always been of the opinion, almost from the first, that the treatment was bad at the start. After Drs. Agnew and Hamilton came it could not have been better."

"You say, then, doctor, that the President had a chance—a reasonable chance—for recovery at first, but that in your opinion these chances were all thrown away by the wretched treatment of the case?"

"You express it strongly," said the doctor; "but you reach a right conclusion."

"How long did that chance for recovery exist, and when did you lose hope?"

#### WHEN HE LOST HOPE.

"On the 23d of July, when he had the first rigor. I think that was the day. At any rate it was when he had the first rigor. I gave

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\*Topeka Special to the St. Louis Globe-Democrat.

him up then. Up to that time I had hoped that he might get well, but after that I felt there was no ground for hope."

"Why did you reach that conclusion at that time? Was the chill a certain indication of the approach of death?"

"No, I did not expect immediate dissolution. The rigor was evidence of pyæmia."

"What was the occasion of pyæmia? I mean was it unavoidable?"

"Pyæmia, you know, or blood-poisoning, results from broken-down pus—dead pus."

"Had pyæmia set in?"

"I think so. I did know that the President's wound was never cleansed properly till three weeks after he was shot. That is more than I have ever said about this matter before, but that is the gist of the whole case, and the ground for complaint against the President's surgical treatment in the early history of the case. Subsequent developments fully corroborated what I feared then—that is, that pus had through carelessness and neglect been allowed to be in the wound till it rotted and pyæmia had done its perfect work."

"You think this could have been avoided?"

"Yes; you know what Dr. Agnew did as soon as he was called as a consulting surgeon. The first thing was to suggest and make an incision to drain what was then supposed to be the track of the ball, but which was, as you know, only a great pus cavity which ought never to have been formed. I hold the attending surgeons responsible for the condition of the wound on the day Drs. Agnew and Hamilton were called.

"Doctor, I remember that Crump, the steward at the White House, and one of the nurses, said the President suffered a great deal, and would sometimes scream out that his feet felt like there were a thousand needles in them. Did the President suffer much?"

"He did, both from the wound and heat, and, as Crump said, often complained of that peculiar sensation in his feet."

"Was not this pricking sensation in the feet taken as an indication of spinal injuries?"

"It was, and so I suggested to Dr. Bliss, but he thought differently. The autopsy showed up how much he was mistaken."

"Do you not consider such an injury to the spine as the President received necessarily fatal?"

"As I said before, I think the President had a reasonable chance for recovery, but it was thrown away by the bad management of the case. During the first three weeks when everything depended upon the utmost skill, it was then that the wound was

#### NOT PROPERLY CLEANSED.

Pus was allowed to accumulate and caused pyæmia, which the enfeebled system of the President was not able to overcome."

"How did Bliss come to have charge of the case?"

"He just took charge of it. He happened to be the first man called after the shooting, and he stuck to it, shoving everybody else aside. Neither the President nor Mrs. Garfield ever asked him to take charge of the case."

"Who wrote the bulletins?"

"Dr. Bliss wrote them."

"And who made the examinations?"

"Dr. Bliss always took the pulse and respiration and Dr. Reyburn took the temperature until he was dismissed. The observations were generally made when the President was asleep, and at the most favorable hour."

"Did the other surgeons sign the bulletins upon Bliss' report without making their own observations?"

"Yes, they took his word for it until after they went to Elberon, when I suggested to Hamilton that they were being deceived. He took the pulse then, and it went up a little in the bulletins."

"Did Gen. Garfield ever see the bulletins?"

"Only one. One that was extremely favorable was shown him."

"Doctor, what was the condition of the President's mind? Was he delirious much of the time?"

"Yes, particularly after the first rigor. For three weeks prior to that Friday in August—Black Friday as it was called—when it was thought

#### HE WAS DYING,

I think it was about the 27th of August—for three weeks prior to that he had been delirious most of the time. His mind cleared up a little, and then it was, if you remember, that we thought him a little better."

Dr. Boynton exhibited no animosity toward the attending physicians, but seems to be honest and positive in his belief that the President had a chance for recovery at the outset, which was lost by improper treatment of the case."

#### VIEWS OF WILLIAM A. HAMMOND, M. D.\*

It has been asserted that the unfortunate termination of the President's illness was due to one of the three following causes:

*First.* The necessarily mortal character of the wound.

*Second.* The imperfect development of the science of surgery.

*Third.* The disregard by the attending and consulting surgeons of well-recognized principles of surgery, which, if acted upon, would have diminished or abolished the tendency to death.

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\*North American Review, Dec. 1881.

The short space in this journal at my disposal will only admit of a very cursory examination of these points, while many others of great importance must be passed over altogether.

*First.* Was the wound necessarily mortal?

It appears that the ball after fracturing the eleventh and twelfth ribs—the former in two places—continued directly on in its course without marked deflection, and, striking the spine obliquely, passed through the intervertebral substance between the twelfth dorsal and first lumbar vertebræ, cutting a groove in the latter, and lodging on the left side of the spine, below the pancreas and outside of the peritoneal cavity.

The spinal cord received no injury beyond a slight concussion, which was recovered from in a couple of days.

No important vessel was injured, and all the abdominal organs escaped.

Now, where are the elements of inevitable death as the result of such a wound?

Jobert de Lamballe\* says:

“Although the ball may have traversed the body of the vertebra in its anterior part, and although it may have caused paralysis, we should still trust to the infinite resources of nature. \* \* \* We have seen fractures of the vertebral column, with compression of the spinal cord and paraplegia, recover rapidly, and to an extent greater than would have been supposed. I recall with pleasure a patient who was treated at the Hospital Saint Louis, about eleven years ago, when I was there in the service of my illustrious master, Richerand. The man had a fracture of the lumbar region and complete paralysis \* \* \* but he was almost entirely cured.”

Surgeon-General Longmore,† of the British army, says:

“Balls have been known to pass through the bodies of the vertebræ and apparent cure follow.”

Lidell,‡ one of the most experienced of our military surgeons during the late civil war, states that of ten cases of gun-shot fractures of the bodies of the vertebræ without injury of the cord, four recovered.

But one of the most instructive cases on record is that reported by Dr. F. H. Hamilton. A soldier was wounded March 16th, 1865, the ball “perforating or possibly grooving the anterior surface of the body of the second lumbar vertebra.” In September, 1865, a small fragment of the bone escaped. In September, 1867, Dr. Hamilton found him suffering only with a slight paralysis of the bladder. The ball was found lying in the muscles on the other side of the spine, and Dr. Hamilton cut it out. Since then, it is stated that recovery is complete. Dr. Hamilton took the man before the New York Pathological Society, and he says: “The members pres-

\*Plaies d'armes à feu, etc., Paris, 1833, p. 123.

†A Treatise on Gunshot Wounds, Philadelphia, 1862, p. 76.

American Journal of the Medical Sciences, vol lxviii., p. 317.

ent concurred with me in my opinion that the ball had struck the body of the vertebra."

Many other authorities to the like effect might be cited, but they are probably unnecessary.

As to the injury to the ribs, no civil or military surgeon will venture to affirm that gunshot fractures of the ribs uncomplicated with lesions of the abdominal or thoracic viscera are necessarily fatal. It appears to me, therefore, and I think the great majority of civil and military surgeons will agree with me, that, while the President's wound was a serious one, there was not a single feature or combination of features about it which rendered death inevitable.

*Second.* Was death due to the inchoate condition of the science of surgery?

In gunshot wounds, the science of surgery requires certain things to be done.

In the first place the relative positions of the assailant and the patient should, if possible, be ascertained. As thorough an examination of the wound should be made, for the purpose of determining the course of the ball and its situation, as the case requires. There is no possible condition which can stand in opposition to this precept, though there may be such an existing state of the patient as to cause the examination to be deferred for a few hours. Such cases are, however, exceedingly rare. Then all foreign bodies, such as pieces of clothing, spiculæ of bone, etc., should be removed from the track of the wound as soon as discovered, and the bullet itself should be extracted if its removal can be effected without the infliction of serious additional injury. All fractured bones should be adjusted, and if necessary their rough ends removed. All these things should be done under antiseptic conditions, and antiseptic dressings should be applied. There is more necessity for such precautions during the first forty-eight hours than during all the rest of the period of treatment.

If after thorough examination it should be found that the ball has entered the brain, or heart, or liver, or other vital organ, or is lodged in one of the great cavities of the body, further interference is in general unjustifiable. But such fact can in many instances only be ascertained by an exploration conducted by a skillful surgeon, and with every precaution to guard against being deceived. It is in no case to be deduced from a hurried and superficial insertion of a finger or probe into what may at first sight be deemed the track of the bullet.

I cite a few modern authorities on these points.

Surgeon-General Longmore says:

"On arrival at the hospital, where comparative leisure and absence of exposure afford means of careful diagnosis and definitive treatment, the fol-

lowing are the points to be attended to by the surgeon: firstly, examination of the wound with a view of obtaining a correct knowledge of its nature and extent; secondly removal of any foreign bodies which may have lodged; thirdly, adjustment of lacerated structures; and fourthly, the application of dressings. The diagnosis should be established as early as possible after arrival at hospital. An examination can be made with more ease to the patient and more satisfactorily to the surgeon than at a later period. \* \* \* One of the earliest rules for examining a gunshot wound is to place the patient as nearly as can be ascertained in a position similar to that in which he was in relation to the missile at the time of being struck by it. In almost every instance the examination will be facilitated by attention to this precept."

M. Legouest,\* professor of clinical surgery in the military medical college at Val de Grace, says:

"The first thing the surgeon who is called to a case of gunshot wound should do is to explore the wound. The injury may involve a part of the body habitually uncovered, or one protected by clothing or some provisional dressing. When the wound has been exposed to his inspection, it should be immediately explored; and when the part is concealed by the dress, this should be removed to such an extent as to permit of exploration being accomplished with the most complete facility. \* \* \*

"The exploration is made by the sight and by the touch. The eye shows the region wounded, the number and form of the wounds; it permits us to appreciate, in a general manner, the direction followed by the projectile, to perceive the normal configuration or the deformation of the parts, and their coloration; it gives some information in regard to the organs which may have been injured. By the touch we determine the hardness and softness of the wounded parts, their temperature, the more or less acute pain of which they are the seat, the absence or the existence of movements of various kinds, of fluctuation and of crepitation. It is not sufficient to see and touch the wound and the neighboring parts; it is necessary to push the investigations to the greatest extent, and to make, at the same time, a general and rapid examination of the patient, in order to ascertain the symptoms which may be present. It is after having fulfilled these preparatory requirements that the surgeon proceeds to the exploration of the track of the wound.

"It is an invaluable and absolute rule that, when the course of a bullet is to be determined, the patient should be placed in the position which he occupied when he received the wound. The situation of the patient relative to the enemy or to his adversary, and any movements which he may have performed, ought to be perfectly known to the surgeon, and reproduced before him, if it be possible. These preliminary precautions, which are often indispensable for arriving at a correct diagnosis of the track of the ball, are also of the greatest importance in pathology and in legal medicine. \* \* \*

"The finger is the best exploring instrument. \* \* \* The fear of making the patient suffer pain, the apprehension that he may exhibit at the idea of an exploration which is brutal only in appearance, should never influence the surgeon. \* \* \*

"Every-day experience confirms the wisdom and importance of exploration. Timid and inexperienced surgeons, or those too confident in themselves, may alone dispense with it. \* \* \* Wounds should be explored as soon as possible after the injury is inflicted. A delay of twenty-four or forty-eight hours allows of the production of an inflammatory swelling, which not only renders the parts more sensitive and consequently painful on exploration, but which interferes with its proper performance by reason of the diminution

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\*Traite de chirurgie d'armee, Paris.

which results in the size of the canal, and by the increase in the volume and deformation of the wounded tissues. \* \* \*

"Finally, exploration furnishes the greater number of the indications by which the nature of the wound is determined—that is to say, whether it be simple, complicated, or threatened by accidents which we have designated accidents to be feared; and it furnishes the basis for the treatment that may be proper in the case. These advantages of exploration of wounds without doubt counterbalance the inconveniences pointed out by opponents of the practice—inconveniences which the skillful and experienced hand will know how to avoid."

And what can be more explicit in regard to what surgical science requires than the following emphatic language of Professor Gross:\*

"To ascertain the *condition of the wound* is a matter of the first importance, and yet it is one which, I am convinced from much personal observation, is often most grossly neglected. The object should be not only to determine whether there is any foreign substance, but what the actual condition of the soft parts and bones is; whether, in a word excessive and irreparable injury has been inflicted, forbidding all attempts at surgical interference; whether primary amputation is demanded, or whether the treatment shall be wholly conservative. For the want of this precaution, many limbs and lives are lost, simply because what should have been done at once, at the earliest possible moment, is postponed until it is too late to be of any benefit. Many of the men that are sent from the battle-field to the hospital fall victims to erysipelas, pyæmia, gangrene, and secondary hemorrhage in consequence of the irritation produced by retained splinters of bone, shreds of clothing, or other hurtful matter that should have been removed on the spot. Such neglect, whether caused by ignorance, carelessness, or timidity, cannot be too pointedly condemned or too severely censured. It need hardly be added that, inasmuch as all explorations of this kind must be painful, the patient should always be thoroughly anæsthetized. Moreover, they should be instituted at the earliest possible moment, before the parts are invaded by inflammation and swelling, as they then may be conducted with comparative ease and without any serious ulterior harm.

"The fourth indication is the *extraction* of the ball. But to do this, it is necessary in the first place to ascertain where it is: to grope about in the wound without any definite idea as to its precise location would only be to inflict additional pain and injury. In order to conduct the examination with the greatest advantage, the part should be put as nearly as possible in the position in which it was at the time of the accident. This is the more necessary because, as was before stated, the missile often pursues a very different route from what might be supposed from merely looking at the orifice of entrance or exit; the slightest resistance may change its direction and cause it to lodge at a point far beyond what it would have sought had it been permitted to pass in a straight line. Hence, attention to the position of the parts is in all cases a matter of the greatest importance."

And in regard to the treatment of the hemorrhage from which the President suffered for the first few hours after the infliction of the wound, and the management of the fractured rib, I will only make one quotation, and that will be from the excellent work of Dr. F. H. Hamilton:†

\*A System of Surgery—Pathological, Diagnostic, Therapeutic, and Operative. Fifth edition. Philadelphia: 1872. Vol. 1, p. 391.

†The Principles and Practice of Surgery. Second edition. New York: 1873. P. 266.

"It is seldom, even in gunshot fractures, that the intercostal artery bleeds sufficiently to require a ligature, but in case the hemorrhage from this source is alarming, and the artery cannot be tied in the usual way, or its bleeding arrested by digital compression, it will be proper to cast a ligature around the entire rib on the side of the fracture nearest the spine, or even, in some cases, to excise a portion of the rib in order to reach and secure the bleeding vessel."

Nothing more is required, so far as I can see, to demonstrate what the science of surgery requires of its followers. Its precepts are of no uncertain tone; they are clear, decided, and to the point and every surgeon should know them and act according to their teachings. Certainly the President did not die from any lack of positive principles applicable to his case. If there were no rules to suit a wound such as that of the President, the science of surgery would be a fraud, and the surgeons who, through past ages down to the present time, have become eminent in their calling, would have been unmindful of the debt which, as Lord Bacon declares, every man owes to his profession. They, however, have not failed in their obligation, and out of their accumulated experience surgery has been built up from a rough and imperfect system to its present advanced stage of development, with explicit rules for the management of every possible wound or injury. Were these rules heeded in the present instance? This question brings us to the third and last division of the subject.

*Third.* The surgeons in attendance and in consultation on the case are charged with certain neglects and mistakes, by reason of which the President died.

While not prepared to assert, in the light of all the facts as revealed by the post-mortem examination, that this charge can be sustained in its entirety, I believe that the following alleged circumstances are true. If they are, then in so far as they are contrary to sound surgery were the chances of President Garfield's recovery lessened. But, whether true or not, I desire to express my profound admiration for the fidelity, devotion, and assiduity displayed by the attending and consulting surgeons. Rarely has any man, whether of high or low degree, had a more laborious and dutiful body of medical and surgical attendants than had President Garfield, and I believe that in no other country in the world could such entire abnegation of self as they exhibited have been obtained from physicians and surgeons in attendance upon prince or potentate.

That the President lay for at least ten hours before any exploration whatever was made of the wound, other than the hurried examination made at the railway station.

That during all this time no serious attempt was made to arrest the hemorrhage which caused such alarming weakness.

That, acting upon the mistaken hypothesis that the ball had gone through the liver, it was announced to him that he had but "one chance in a hundred," of recovering, thus still further depressing his vital power.

That, when made, the exploration was superficial, and based upon the erroneous theory that the assassin had stood directly behind the President, and that hence the bullet had entered the peritoneal cavity, traversing the liver, and lodging somewhere in the abdomen.

That, in accordance with this erroneous hypothesis, the patient was subject to a rigorous antiphlogistic treatment, for the purpose of preventing the development of peritonitis, of which there was no real danger, and by reason of which his vital powers were still further reduced, and the liability to the occurrence of pyæmia greatly increased.

That no proper attempt was made to ascertain the presence of extraneous matters in the track of the bullet, the degree of fracture of the ribs, or to adjust the fragments; and that, in fact, the fracture of the twelfth rib was not discovered until after death.

That it was not till the 24th day of July—twenty-one days after the reception of the injury—when, in consequence of the occurrence of severe constitutional symptoms indicating the existence of pyæmia, an incision was made for the exit of burrowing pus; that then the eleventh rib was found to be fractured in two places, and several pieces of bone and fragments of clothing, which had been driven into the track of the wound, were removed.

That, from the examination then made, it was judged that the bullet had not passed through the liver, but had been deflected by the rib in a downward direction toward the right groin; and that this theory was held and acted upon till death occurred, when the post-mortem examination demonstrated its erroneousness.

That at the autopsy it was found that what had been supposed to be the track of the ball was a pus cavity, formed by the burrowing of matter from the real track of the wound.

That there never was any adequate reason why a thorough exploration of the wound, with finger and probe, could not have been made within twenty-four hours after the shooting, and that the strong constitution of the patient and his remarkable powers of endurance prove that any necessary and proper examination could have been endured.

That had this been done, the track of the bullet would certainly have been discovered, as it had pursued a perfectly straight course, undeflected by any tissue through which it had passed. The injury to the ribs and first lumbar vertebra would have been ascertained; pieces of bone and of clothing would have been extracted lessening the suppuration and consequent danger of pyæmia; and,

though the ball would not probably have been reached, its approximate situation would not have been—as it was a matter of guess-work.

That the failure to discover the real track of the ball, and to treat the fractured ribs, led to the burrowing pus in the right inguinal region, and the formation of a sinus, which during life was supposed to have been made by the bullet.

That the error thus committed was one of cardinal importance, for had the real character of this passage been ascertained, not only would its progress have been stopped at once by appropriate measures—position, bandages, compresses—but means would have been adopted for causing it to heal. Mistaken as it was for the track of the ball, it was left open—a large amount of pus was thus formed, the patient unnecessarily weakened, and the danger of pyæmia immensely increased. That there is nothing in the revelation of the post-mortem examination to show that the pyæmic condition which evidently existed had any other source than this sinus which was supposed to be the track of the ball.

That the pyæmia existed from about the 23d or 24th of July, as shown not only by the rigors, temperature, pulse, emaciation, delirium, and general prostration, but by the occurrence of metastatic abscesses in various parts of the body, as well as by purulent infiltration of the lungs. That from the 23d of July on, there was scarcely a hope of the President's recovery, not, however, from the alleged necessarily mortal character of the wound, but from the supervention of pyæmia, or septicæmia, if the term be preferred, in a patient already enfeebled to an extreme degree by insufficient food and otherwise bad hygienic conditions.

That the rupture of the splenic artery was either due to malnutrition of the coats, the result of pyæmia, or was post-mortem, being caused by an injection of a solution of chloride of zinc into the vessels several hours before the autopsy. If the latter was the case, the blood found in the peritoneal cavity was pushed out by this fluid, which of course filled all the vessels, and which, it is admitted in the report of the post-mortem examination, was extravasated into the abdominal cavity with the blood.

That the assertion that the splenic artery was injured by the ball is entirely unsupported by the evidence, there being nothing to show that the missile even touched it. Moreover had it done so, it must have been with a degree of velocity altogether incapable of producing ill effects. It is to be borne in mind, also, that in the full report of the autopsy it is nowhere asserted that the rent in the splenic artery was caused by the bullet, nor does Dr. Bliss,\* in his "Report," make such claim. It was reserved for gentlemen

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\*Medical Record, Oct. 8, 1881.

who had had no connection with the case during life to make the discovery.

That if the large clot came from the splenic artery, where did the small one come from that was found in the omentum, and which, it is stated in the official report, had no communication with the splenic clot? Two distinct clots show the existence of two ruptures, both of which were probably of pyæmic origin, or caused by the chloride of zinc injection.

That the fact that no clots were found in the heart was due to the same cause, the filling of the organs with chloride of zinc solution, and the consequent displacement of the blood.

That the phenomena of death were not such as would have been produced by hemorrhage, and that the explanation given in the account of the post-mortem examination of the cause of the pain is entirely insufficient.

That death probably was directly due to the formation of a thrombus or clot in the heart, or to embolism, and that the pain was really in the heart, as the patient declared.

And finally, to sum up the main conclusions, it is denied that the wound was necessarily a mortal one; it is denied that the science and art of surgery are in such an imperfect state of development as to afford no certain rules for the treatment of a case like that of the President; and it is asserted that during the first forty-eight hours the surgical practice was not in accordance with well-defined and acknowledged surgical precepts, and that hence the President did not have all the advantages of treatment which modern surgery is capable of affording.

JOHN ASHURST, JR., M. D., closes his remarks upon the case by saying: "Looking at the whole case, from beginning to end, I do not see that the treatment could have been altered in any way to the advantage of the illustrious patient; nothing was done that should have been omitted, and nothing was left undone that could possibly have been of benefit."

J. MARION SIMS, M. D., gives his views, illustrated by engravings of the wounded vertebræ. He thinks the wound was necessarily mortal. "Without the wound of the vertebræ, it would have been impossible for him to die. With it it was impossible for him to live."

JOHN T. HODGEN, M. D., says: "In reviewing the history of the case of President Garfield, I can find no reason for adverse criticism of any part of the management."

The opinions of these physicians are given in full in the December No. of the *North American Review*, to which our readers are directed.

## Sanitary Science.

BUSHROD W. JAMES, A. M., M. D., PHILADELPHIA, EDITOR.

ALEXANDRIA, Egypt, Sept. 5, 1881.

*Edwin A. Lodge, M. D.:*

MY DEAR DOCTOR:—It is not unlikely that the readers of the OBSERVER may be wondering why the editor of the Sanitary Department is not giving them any articles upon the science therein involved. An explanation may be found in the fact that a probable absence of five or six months from professional duties, involved a considerable amount of preparation to place in a satisfactory condition to leave in other hands, the incidental “push of business” of different kinds before leaving for the International Convention of Homœopathic Physicians in London, then my absence since that time on a tour through Holland, Denmark, Sweden, Russia, Finland, Norway, Germany, Switzerland, Hungary, Turkey and down through the Grecian Archipelago, and across the eastern end of the grand old Mediterranean sea to this ancient land of almost forgotten history, Egypt, whose gorgeous temples and splendid cities were in their glory three thousand years ago.

I have not forgotten either the journal or “Sanitary Science” for I have, as far as circumstances would permit, examined into the sanitary condition of the various cities I have visited and from my notes upon the spot I will be able when opportunity offers, to elaborate the same and give you the benefit of some of my researches. The cities of the cooler climes are as a general rule better drained and sewered and paved than those I am now in the midst of, and have seen in Turkey. Up there I found most of the towns well and smoothly paved, and as cleanly and bright as a promenade aisle ordinarily in the private grounds of a nobleman, the streets being cleaned daily by six o’clock in the morning and swept up as clean as a floor, while in the more prominent and fashionable streets a set of street sweepers seem to be constantly at work, one here, another there, and another further on down the avenue, sweeping up anything that may have fallen into the street and throwing it into boxes of square form that may be seen along the curbing, about three feet high and with an arched covering or top, and properly painted so as not to offend the eye either in construction or appearance. No muddy gutters or offensive odors therefore are observed, and a city like either Stockholm, or Christiania, or Copenhagen, it

would delight the eyes of many readers to see, independent of the luxury of living in a clean city. At the former city I expressed my desire to visit a town that had the guide-book-reputation of being the cleanest in the world, and I was laughed at for wishing to make such a fruitless journey, for it did not equal by a great way the beautiful and clean capital of Sweden, in its lovely situation upon rocky islands, in the fast flowing stream that leads from the sweet waters of the Malar sea into those of the Baltic. The surrounding scenery is beautiful, the climate is salubrious, the people are alive, not only to business but to matters of sanitation, and the glow of health is seen in their features, and the many, well-proportioned physical appearances of the native testifies as to the beneficent influences of their precautions. The contrast between that city and Constantinople and Smyrna is marked, and disappointing to an observer in matters of public health, for a ride down the winding and lovely Bosphorus for twelve miles among frowning forts and beautiful villas and towns skirting its hilly borders charms the eye and almost captivates the heart, but a five minutes walk through the filthy, narrow streets, and passage ways, and lanes of the badly and roughly paved avenues you must encounter in getting to the European quarter of Pera, and the untidy, bronzed and dirty soiled being one has to jostle against, fairly sickens and takes away all the rapture you have previously experienced. So with Smyrna as seen from old mount Pagus. The view is perfectly bewitching and charming, but to walk among its narrow streets of the hilly quarter, with no sidewalk and with a gutter of odorous and muddy water running in the central part of the street, and the openness of the sewers in some localities, fairly disgusts one. Alexandria, here in Egypt, is much better arranged. Wide avenues, smoothly paved streets, and better sanitary measures generally, although the country is flat and level as it is all about the Delta of the Nile.

I am fraternally yours,

BUSHROD W. JAMES.

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AMERICAN PUBLIC HEALTH ASSOCIATION:—Dr. Moses T. Runnels, of Indianapolis, informs us that the annual meeting of the American Public Health Association will be held in Savannah, Ga., commencing Nov. 29, 1881, and continuing four days. Full information regarding this meeting can be obtained by addressing the Secretary, Dr. Azel Ames, Jr., P. O. box 1198, Boston, Mass. It is very important that there should be at this meeting a large attendance of Homœopathists. This Association brings together the leading sanitarians of the United States, and affords rare opportunities for gaining information regarding the public health. Homœopathic physicians who are making a special study of sanitary science should be members of this association.

## Practice of Medicine.

C. P. HART, M. D., WYOMING, OHIO, EDITOR.

### DIPHTHERIA.

The terms *diphtheria* and *diphtheritis* are derived from a Greek word signifying *a skin* or *membrane*; and are used to denote a febrile affection, of a malignant, contagious and putrid character, generally attended with a fibrino-albuminous exudation in the fauces and neighboring parts. The exudation is not confined to the region of the throat, but is sometimes, though rarely, found upon the alimentary and other mucous membranes, the inner surface of the blood vessels, the endocardium, and the abraded skin. This definition, while it excludes all such exudative processes as occur in croup, tonsillitis, etc., embraces cynanche maligna, the putrid sore throat of Fothergill, and all constitutional forms of gangrenous inflammation of the fauces attended with exudation. This distinction is all the more necessary to be made, since the name itself is misleading, the term diphtheria having been applied to almost every form of local disease attended by the formation of a false membrane, whereas the affection under consideration, even in its mildest form, is a constitutional disease of the most malignant nature, and, when fully developed, of the most destructive character.

HISTORY.—Diphtheria is really a very old disease; how old, cannot, perhaps, be very accurately determined. Descriptions of the disease have, it is thought, been traced to the era of Hippocrates; and there is no doubt that it is identical with the disease described by Aretæus, under the name of *Malum Egypticum*. Hecker, one of the earliest of modern writers on the subject, gives an account of an epidemic which occurred in Holland, in 1337. In the year 1745, an epidemic of the disease appeared in London, which was described by Dr. Fothergill under the name of *putrid sore throat*, a name by which it is still extensively known. Another epidemic occurred in

1771, and was described by Dr. Bard, of New York. But it was not until the year 1818 that the disease received the name of *Diphtheria*, which was given to it by Bretonneau of Tours, a distinguished French physician. Bretonneau at first regarded the disease as a purely local affection, ascribing the fetor of the breath and gangrenous state of the fauces to the putrid condition of the false membrane, and referring the constitutional condition to infection propagated from the local disease—views which he afterwards considerably modified. Since Bretonneau's day, the disease has been studied by many eminent scholars, both in this country and in Europe, and although much diversity of opinion still exists as to the real nature of the malady, the majority of pathologists agree in ascribing to the disease the characteristics above mentioned.

VARIETIES.—Most writers describe three forms or varieties of the disease, namely, the mild or catarrhal, the croupal or simple membranous, and the septic or malignant. These varieties undoubtedly exist, but, like the corresponding grades of scarlatina, they are only varieties, and not distinct forms; the grade in any particular case depending partly upon the constitution of the patient, and partly upon atmospheric and other conditions.

SYMPTOMS.—The appearance of the characteristic exudation is generally preceded by constitutional symptoms of greater or less intensity, among which are loss of appetite, headache, and a sense of chilliness, followed by fever, which in acute cases often becomes excessive. In many cases, however, the initial symptoms are of so mild a character as scarcely to attract attention, there being perhaps little or no soreness of the fauces, nor any marked fever; and unless other cases in the neighborhood lead to the inspection of the throat, the presence of the membranous deposit, especially in children, may be overlooked until the disease has gained considerable headway. As the disease progresses, however, the fever becomes more pronounced, the headache increases, the cheeks acquire a purplish hue, more or less difficulty in swallowing occurs, and in some cases there is nausea and vomiting, together with swelling and tenderness of the cervical and submaxillary glands. For the first two or three days the fever is usually slightly remittent, the aggravation occurring about the hour the fever originally set in. The pulse, though frequent, is not generally strong, and, as in other malignant contagious

fevers, there is more or less prostration from the very first. On examining the throat, we may either find a continuous fibrino-albuminous exudation covering the fauces, tonsils and palate, or else small irregular patches of grayish-white material, which afterwards enlarge until they become continuous. The mucous membrane between and on the borders of the patches presents a diffused redness, the submucous tissues are swollen, and the membranous formations become thicker and more fibrinous, until upon coalescence they frequently envelope the tonsils, the pillars and posterior wall of the pharynx, the uvula, and the soft palate. These patches, which at first are generally of a yellowish and afterwards of a grayish or dirty-white color, frequently become brown or blackish, giving them at times almost the appearance of old leather.

Unless arrested, the diphtheritic membrane may spread into the larynx and nasal cavities, and even into the stomach and bowels. Maxson says he has seen a case in which the entire alimentary mucous membrane cast off, at stool, an exudation measuring nearly a pint, apparently continuous. If the disease invades the nasal cavities, we have, in addition to the symptoms already described, an acrid discharge from the nose, which, at first thin and transparent, gradually becomes brownish, is frequently mixed with bloody mucus, and, like the breath, has an intolerably fetid odor. Occasionally, in these cases, the diphtheritic process extends through the lachrymal ducts to the lining membrane of the lids, causing diphtheritic conjunctivitis. The disease may also extend through the eustachian tube to the cavity of the tympanum, ending finally in perforation of the membrum tympani and purulent otorrhœa. If the disease extends to the larynx and bronchi, there will be great difficulty of breathing as well as of swallowing, attended with cough and expectoration of detached portions of the exudation, together with more or less unorganized matter of a fluid consistency.

Severe cases are usually attended with delirium, the throat becomes gangrenous, the face and neck swell and become pale or livid, the pulse loses its force and becomes more and more frequent and irregular, the extremities become cold, and the patient dies, generally within a week, either from septicæmia, or from the mechanical obstruction to respiration, caused by the extension of the false membrane to the lower air-passages. Sometimes death takes

place very early from congestion, or from the direct effect on the nerve-centres of the poison that produces the disease. The paralysis thus caused, instead of producing sudden death, may, however, be slight, or may be severe and gradually pass off. If the case terminates in recovery, the exudative process is arrested, the membranous deposits are thrown off in masses from the fauces and neighboring parts, the false membranes in the air-passages either liquify and are absorbed, or else are thrown off in the form of casts, the disorganized tissues assume a more healthy appearance, the breath loses its gangrenous odor, the fever gradually subsides, and convalescence, though slow, and extending over several weeks or months, finally becomes fully established. On the other hand, mild cases, unattended with septic poisoning, recover much more rapidly.

CONCOMITANT SYMPTOMS.—1. *Eruption*. The disease may or may not be accompanied by an eruption. The rash usually resembles that of measles, except that it is generally more scattered, especially in adults. In children it is apt to assume more or less of a papulous form, and is sometimes mistaken for the eruption of scarlatina. The rash is not very common, seldom appearing in more than two per cent. of all the cases.

2. *Myalgia* and *rheumatism* are common accompaniments of diphtheria, more especially the former. As a general rule, the more severe the case, or the more typhoid the symptoms, the more common and severe will be the rheumatic pains.

3. *Epistaxis* is another frequent complication, especially in bad cases. It is oftentimes a very troublesome symptom, but will generally yield to the indicated remedy.

4. *Stranguary* is also present in some cases, but is not generally very severe, nor very persistent.

5. *Paralysis*, especially of the muscles of deglutition, is sometimes met with, and in extreme cases there may be paralysis of different parts of the body, caused, no doubt, by the accumulation of poisonous matter in the system. This paralysis, occurring at the commencement or in the course of the disease, should not be confounded with that which frequently occurs during convalescence after severe attacks.

DIAGNOSIS.—The diagnosis of diphtheria, after the false membrane makes its appearance, is not difficult, provided the constitutional

nature of the affection is borne in mind. Oertel and other German authors make no sufficient distinction between this disease, when involving the air-passages, and true croup. The distinction, however, is a broad one, as may be plainly seen from the following differential diagnosis:

*Diphtheria.*

1. Air - passages secondarily affected.
2. The fever and other constitutional symptoms precede the local affection.
3. The fever is typhoid.
4. The affected tissues constantly tend to become gangrenous.
5. Adults frequently affected.
6. Diphtheria is a contagious, epidemic and malignant disease.
7. The exudation spreads to the glottis from above downward.
8. The pharynx is diseased.
9. There is more or less dysphagia, often severe.
10. Breath characteristically fetid.
11. Sequelæ characteristic.
12. Septicæmia common.

*Membranous Croup.*

1. Air-passages primarily engaged.
2. The fever symptomatic of the local disease.
3. The fever is inflammatory.
4. This never occurs in true membranous croup.
5. Croup is almost exclusively a disease of childhood.
6. Croup is neither contagious nor epidemic.
7. The exudation either originates in the larynx or trachea, or spreads from below upwards.
8. The pharynx is healthy.
9. Dysphagia either absent or very slight.
10. Absence of any characteristic odor of the breath.
11. No such sequelæ.
12. No septicæmia.

**PROGNOSIS.**—In diphtheria the prognosis is always doubtful, However mild the symptoms may appear, and however protracted the course of the disease, there is always danger that it may suddenly take on a malignant aspect, or that the diphtheritic process may extend to the larynx and bronchia, in which case a fatal issue may be expected. When the temperature rises suddenly during the course of the disease, and the fever assumes a low typhoid form, it is an evidence of general blood-poisoning, and may be expected to result in death.

**NATURE AND CAUSES.**—There cannot be a reasonable doubt that diphtheria is just as much a constitutional or blood disease, as rheumatism, scrofula, variola or syphilis, since all alike are attended

by characteristic local and constitutional symptoms. Rheumatism is characterized by the appearance of an inflammation of the fibrous or ligamentous structures; scrofula of the glands, bones, etc.; variola of the skin and mucous membrane; syphilis of the skin, mucous membrane and periosteum; and diphtheria of the throat, attended with an exudation of fibrino-albuminous matter. The poisoned condition of the circulating fluid is evidenced during life, 1st, by the dark, grumous appearance of the blood issuing from the affected surfaces when roughly touched; 2d, by the spontaneous hemorrhages that frequently occur; 4th, by the gangrenous condition of the affected tissues; 5th, by the clammy sweats and rapid sinking of the vital powers, without any effort at reaction; and, 6th, by the sequelæ, anæmia, paralysis, etc. In short, the evidences of blood poisoning are equal to those presented by any disease conceded to arise from this cause. The only question is, whether this foreign element in the blood is of primary or secondary origin; whether it is derived from without, or is generated within the system. Chemistry throws no light on the subject, detecting no material poison in the air during a diphtheritic epidemic, nor any change in the constituents of the blood, when patients have died of the disease. Neither does the microscope reveal any sensible alteration in the blood. The much talked of bacteria are frequently seen on mucous surfaces in health, especially those of the mouth and fauces, as well as when covered by morbid secretions; and it is a well-established fact that they are not developed in any considerable quantity unless the surface is diseased, thereby affording a favorable *nidus* for their propagation.\* The inference, therefore, is, that the material agency that produces the disease is from without, and is either a septic poison derived from the atmosphere, or is partly of atmospheric, and partly of paludal origin. The prevalent opinion is, that the poison or poisons

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\*Drs. H. C. Ward and H. F. Formad, in their report on the Production of Diphtheria in the Lower Animals, give as the result of their investigations, which have been very thorough, the following conclusions. Thirty-two experiments were made, in which fragments of membrane from patients with diphtheria were inoculated under the skin or the mucous membrane of the mouth of rabbits, cats, dogs, and a goat. Six rabbits, out of eighteen, died. In no case was there anything like diphtheria caused—with one very doubtful exception. Of those that died none had their internal organs infested with micrococci, as Oertel has asserted. Thus were confirmed the observations of Curtis and Satterthwaite, who made an elaborate investigation in regard to bacteria, which they reported to the International Medical Congress in 1876. —*Phila. Med. Times*, Oct. 23d, 1880.

causing diphtheria emanate from, and are aggravated by, personal filth, damp dirty habitations, defective sink-drains, impure water, foul privies, hen-coops and pig-sties, garbage, and other exposed masses of decomposing animal and vegetable matters.

SEQUELÆ.—1. *Extreme Debility*. One of the most constant sequelæ of an attack of diphtheria is extreme prostration. This condition is so marked, that a long time frequently elapses before the patient regains his usual strength.

2. *Paralysis*. This is usually local or partial, but is sometimes general. In some cases it assumes a progressive form, affecting in succession every portion of the body. But in most cases the paralysis is limited to the muscles of the soft palate and pharynx. The paralysis comes on gradually, and is not generally fully developed until the second or third week after the disease has run its course. When the muscles of the eye are affected, there is impairment of vision. In other cases the paralysis involves the muscles of the lower extremities; sometimes, also, the lower sphincters are implicated. Loss of virile power is not uncommon, the male organ remaining, in some instances, flaccid and incapable of erection for a long period. This form of paralysis however, is seldom permanent, though weeks and even months may elapse before the affected muscles are restored to their natural condition.

3. *Albuminuria* is present in many cases, though not usually to so marked a degree as in scarlatina. The full import of this symptom has not yet been determined, though Bright's disease appears in some cases to have been fully developed. Hence, the presence of albumen in the urine, though by no means a diagnostic sign of the disease, is a symptom of very grave importance, and should in all cases be regarded with suspicion.

4. *Cough, ozæna, glandular abscesses, erysipelas and otorrhæa* are also among the sequelæ occurring with greater or less frequency in cases of diphtheria.

TREATMENT.—In the treatment of the disease, the practitioner should never lose sight of the fact that it is a constitutional affection, and therefore requires constitutional rather than local treatment. Nevertheless, local remedies are capable of doing much good, 1st, by quickening the circulation in the affected parts, and so facilitating the detachment of the false membrane; 2d, by disinfecting the de-

composing tissues, and so putting a stop to the reinfection of the system; 3d, by assisting to arrest the gangrenous process in the fauces and neighboring parts, and so limiting the formation of sloughs; and, 4th, by destroying the minute vegetable fungi, the bacteria, sometimes called micrococci, which, finding a favorable *nidus* for their development and growth in the diseased structures, multiply to an extraordinary extent, and, by attaining access to the circulation through the abraded surfaces, exert a highly poisonous effect upon the system. Experience, therefore, has abundantly demonstrated the value of gargles and washes composed of *pure alcohol, dilute carbolic acid, salicylic acid, chloride* and *permanganate of potash*, and many other remedies of like character. The same remedies may also be administered by *inhalation*, or by means of an *atomizer*.

TRACHEOTOMY.—Speaking of tracheotomy in diphtheria, Dr. Gross says:—"The system is allowed to become thoroughly poisoned by the morbid element before tracheotomy is proposed. If it were done early in this disease, the probability is that life would much more frequently be saved. As it is now, life is generally sacrificed. At the Berlin Hospital 754 tracheotomies have been performed for the relief of diphtheria in fifteen years, 1861-1875. Of these cases, thirty-three and a third per cent. recovered from the effects of the disease and of the operation. I am quite sure that the operation, if rightly performed, is attended by but slight mortality rates. The statistics of the hospital which I have just mentioned, show that the greatest number of deaths occurred before the second year of life, and that the most recoveries took place after the fourth year. When the affection was endemic it was also shown that the mortality was greater."

The chief constitutional remedies are:

*For the septicæmia:* Arsenicum, Carbo veg., Mercurius protoiod. and cyan., Muriatic and Nitric acids, Kali bich., and Calc. chlor.

*For croupous complications:* Bromine, Kali bich., Hepar sulph., Tartar emet. and Mercurius cyan.

*For general debility and prostration:* Arsenicum, China, Helonin and Phos. acid.

*For enfeebled heart:* Digitalis, Caffein, Veratrum alb.

*For swelling of the glands:* Lachesis, Mercurius iod. or bin-iod., Calc. chlor.

*For nasal complications:* Kali bich. or permang., Arum triph., Lachesis.

*For myalgia and rheumatism:* Baptisia, Rhus tox., Bryonia, Salicylic acid.

*For paralysis:* Arnica, Gelsemium, Rhus tox., Nux vom.

*For albuminuria:* Arsenicum, Canth. and Nitric acid.

*For ozæna:* Aurum, Pulsatilla, Mercurius.

THERAPEUTIC INDICATIONS.—*Arsenicum*.—Malignant cases, attended with great prostration and severe typhoid symptoms.

*Apis mel.*—In all stages, but particularly when the parts are violently inflamed, the uvula swollen, and attended with pricking and stinging pains.

*Arum triph.*—When the discharge from the nose is of an offensive sanious character, with excoriation of the nostrils and lip.

*Baptisia*.—Typhoid symptoms, with sensation of great fullness, œdematous swelling of the affected parts, and great difficulty of swallowing.

*Causticum*.—Extreme sensitiveness of the throat, after exfoliation of the membrane.

*Calc. chlor.*—When there is much swelling of the tonsils and glands of the neck.

*Cantharides*.—When there is much burning in the fauces, and the exudation looks like blisters.

*Gelsemium*.—Post-diphtheritic paralysis, with double vision.

*Lachesis*.—Exudation commences on the left side and extends to the right, and up into the nostrils, with much toxæmia; when attempting to swallow liquids they run out through the nose; touching the throat causes feeling of suffocation.

*Lycopodium*.—Exudation begins on the right side and extends to the left; feeling of constriction in the throat, nose or chest; great fullness on eating a little, with rumbling in the bowels.

*Kali bich.*—Circular ulcers in the throat, appearing as if punched out; yellow coated tongue; expectoration of tough phlegm; pain on swallowing extends to right ear.

*Mercurius biniod.*—Glandular swellings; exudation in patches transparent and easily detached.

*Mercurius cyan.*—Malignant cases, with swelling of the parotid gland, gangrenous condition of the fauces, and great prostration; exudate has a honey-comb appearance, and is of a dark gray or brownish color.

*Nitric acid.*—Great debility, with pricking in the throat, as from a sharp object.

*Muriatic acid.*—Great weakness, with rawness and smarting of the fauces.

*Sulphuric Acid.*—Ulceration with large exudation.

*Lac caninum.*—Dr. C. Lippe gives the specific indications for this remedy as follows: The ulcers go from one side to the other and back again; the ulceration has a glistening shining appearance (Apis); the swelling of the glands changes sides and is painful to the touch, and the nasal discharge excoriates the nostrils and upper lip (Arum triph).

CLINICAL OBSERVATIONS.—Dr. W. H. Burt says: "If my opinion was asked, What, in your judgment, are the best remedies for diphtheria? comparing the remedies to a tree, placing the most useful at the top, I should build my tree as follows: At the top would be placed the Cyanuret of Mercury, next to it the Iodide of Mercury, and next to that Kali bich., and then in the following order, Phytolacca, Belladonna, Baptisia, Lachesis, Apis m., Arsenicum, Nitric acid, Iodine, Bromium, Rhus vernix, and Chloride of Lime. The last one mentioned, I believe ought to be placed up in the branches of the tree. I have used it many times with excellent results, but not enough to know just where to place it in the tree."

*Coffee.*—Dr. F. L. Peirs says: "Should that most critical period in the history of this disease arrive, when the heart begins to fail from paralysis of its muscles and all artificial efforts prove unavailing—at such a time I know of but one substance that gives promise of happy results; it is *coffee*, hot, strong coffee, such as the French know how so well to prepare. Almost instantly its stimulating effects upon the heart becomes apparent, that organ is supplied with renewed force, and by its use sufficient action has been sustained to pass the climax and encourage nature to a final victory."

It may be given as copiously as can be borne without detriment. Sugar is admissible, but milk or cream added impairs its efficacy."

*Bromine*.—Dr. W. H. Holcombe says: "I was called to a child about two years of age, who had been treated for five or six days for diphtheria, which, notwithstanding repeated cauterizations and vomitings had attacked the larynx. The last consultation, held by three allopathic physicians, was to discuss the propriety of tracheotomy as a last resource. The child was breathing with fearful difficulty, voice wholly extinguished, circulation flagging, skin cold and blue—they determined *not* to operate, as they considered death imminent and certainly inevitable. Under these circumstances I was called to take charge of the case.

"I wasted about twelve hours in trying *Kali bichromicum* 2d dec., and then *Kaolin* 6th. My experience with diphtheritic croup has not been pleasant or favorable, and I hardly knew where to turn for a remedy which I believed would be strictly homœopathic to the case. At last I ordered *Bromine*, one drop to four ounces of glycerine and water, (equal parts) one teaspoonfull every half hour. In a few hours improvement was decided, and the interval lengthened to two hours, and afterward to three times a day. Convalescence went on rapidly, and the child made a beautiful recovery, although he did not recover his voice for two weeks. This case ought to have convinced our three allopathic friends of the truth of *similia similibus*; but there are minds that would not, and indeed could not believe, "though one rose from the dead."

M. Teste's treatment for diphtheria is *Bromine water*, which he administers in sweetened water, as follow:

"1. Prepare and have always at hand a glass of water very sweet.

"2. Give every hour in diphtheritic angina, and every quarter of an hour in croup, one, two, or even three drops of the Bromine water in a teaspoonful, or, if preferred, in half a teaspoonful of sweetened water.

"3. Lengthen the time and reduce the dose at the end of a few hours, but without allowing an interval of more than two hours between them.

"4. It is better in administering the medicine to use a glass spoon or a wine glass, since Bromine attacks silver and forms with that metal a bromide thereby reducing the dose absorbed.

"5 Impose upon the patient, whatever may be his age, an absolute diet, at least during the day. At the most allow small children a little sweetened wine and water, and to adults a few spoonfull of rich broth. Diet presents here the double advantage of accelerating the absorption of the medicine, and preserving it from doubtful contact.

"6. A gargle of vinegar and salt water (a spoonful of vinegar and as much sea salt in a glass of water) has never seemed to injure the action of the remedy, and in diphtheritic pharyngitis, contributes, by cleansing the throat, to the detachment of the false membranes.

"7. Be particular to keep in the chamber of the patient, as a prophylactic, for the sake of the persons who approach him, a saucer of Bromine water, which ought to be renewed at least twice in twenty-four hours.

"The curative action of the Bromine, if no violation of the regimen hinders, manifests itself in a very short time. It is rare that the first three or four teaspoonfull do not lower the frequency of the pulse in a marked degree, for example from 140 to 80, as I have had many times the opportunity to notice. The lumbar pains, often very severe, which accompany the fever of diphtheria, are moderated. As to the local symptoms they improve slowly, just as we frequently observe in croup, a diminution and almost instantaneous modification of the cough taking place, which becomes every hour less hoarse, stridulous, and frequent. At the same time it is only after twelve or eighteen hours of treatment that the false membranes begin to turn back and become detached. But to resume, except in rare cases, in which an abscess of the tonsils complicates the disease or increases the duration, it is exceptional that a total resolution may not be expected in three days."

Dr. S. M. Fowler reports the following case: "Patient was an Irish servant girl in one of our leading hotels; a very large, fleshy person about twenty-two years of age; fair, rosy complexion, with dark hair and blue-gray eyes. She complained of sore throat

which was growing rapidly worse; some fever; difficulty of swallowing; worse on right side. Inspection revealed right tonsil intensely inflamed; bright red and greatly enlarged, and a spot the size of a dime, of a yellowish gray color, upon the inner surface. The whole pharynx, uvula and velum were much inflamed. I diagnosed a case of diphtheria, and gave *Kali bich.* 3 internally, and *Kali bich.* 1 in solution as a gargle, with instructions to report next morning. Report no improvement; but, if anything, worse, and I was requested to call.

"Found the spot larger and others forming in the pharynx, and the other tonsil nearly as large as the one first affected, with considerable more fever, and the characteristic fetor of the breath. Changed medicine, giving *Merc. cyan.* 6 (which has done me splendid service in such cases) alternating it with *Bell.* 3-30, every hour.

"The following morning found all of the symptoms aggravated, and on face, hands, neck and chest, a bright scarlet eruption, exactly resembling scarlatina. Almost total inability to swallow, especially fluids. Gave *Bell.* 2c, every hour for six hours. No better. Gave *Lac. can.* 2c. in solution one teaspoonful every hour, which was followed by almost instantaneous relief, which, without any other remedy, entirely cured the case, and she resumed her duties in forty hours, and has been well from that time, May 2, 1879."

The following clinical observations in cases cured by *Lac. can.* are by Dr. C. F. Nichols, of Boston:

"Pains in limbs, small of back and head disappear, and the throat becomes more painful but looks better. Often the ulcers increase in size or number, but the neighboring membrane looks clearer; worse by empty deglutition; throat feels stiff; relief after drinking, warm or cold, no thirst but dry mouth; pain pushes toward left ear; right tonsil raw, swollen, gray-white membrane there and on the fauces; epistaxis when speaking or swallowing, in one case; sweat all over; great exhaustion with "poisoned feeling;" frequent micturition, urine dark; restless, legs and whole body; face burns, dry; constant spitting, drooling—in one case, a man, very quickly relieved; imagines he wears somebody else's nose—same case; ulcers small, round or irregular, gray-white; voice hoarse; in-

interrupted by weakness and hoarseness. Several cases cured resembled *Lachesis*.

“Did not cure sore lumps in left throat, not sensitive externally; pain during empty deglutition, also painful deglutition with liquids and food; restless anxiety; thirst for large quantity; blue engorged tonsils. *Lachesis* cured. Perhaps in this case the blue, engorged tonsils is the indication for *Lachesis*, as the other symptoms seem to clearly indicate *Lac can*.”

*Kali bich*.—The following case and operations are by Dr. Thos. Nichols, of Montreal: “On May 21st I was called to R. S., æt. eleven months, said to have suffered from “a cold” for several days. I found the child lying on its mother’s lap, very weak and languid, with low fever and almost total inability to nurse. I was told that it had been restless during the night, and that, though it desired food, it had been unable to swallow. The face, especially the forehead, was of a bluish tinge, and the nose looked pinched and the mouth drawn. I applied the stethoscope to the larynx and found a thick gurgling sound, intermingled with a flapping noise, as of a piece of loose membrane. I then examined the pharynx, and found it red and swollen, while on the tonsils and between them was a thick tenacious membrane, of an ashy-grey color, and this membrane was tough and glutinous, and it possessed the well known characteristic *that it could be drawn out in long strings*. I put a grain of Kali bichromicum, second decimal trituration, into a cup of water, and directed a teaspoonful to be given every hour. Next day the patient was better in all respects, and it was dismissed on May 25.

If the reader delays its use till the often mentioned indication for Kal. bichr. appears, viz., stringy, tough mucus, which may be drawn out into strings, he will lose many chances for using this drug successfully. It is indicated, where *the mucous membrane is deeply affected, and there is much ulceration; the mucus is frequently streaked with blood; pain in the throat; painful, difficult swallowing; great weakness; cachectic look; swollen glands. Frequently the nose is also affected.*”

Dr. G. N. Brigham says:—“I have seen little to lead me to think the remedies ordinarily relied on for membranous croup will cure diphtheritic croup, using the term in the sense of croup coming

on from infectious contagion. These cases are usually fatal in our hands, and in the hands of those with whom we are acquainted. We have come the nearest to success, in the use of Cantharides, Iodium, Kali bichromicum and Lachesis. Two of these, it is true, have obtained the confidence of the profession beyond most other remedies in simple exudative tracheitis. Yet they, by no means, have gained an equal reputation in the treatment of the malignant diphtheritic croup. Jodium and Kali bich., also, have been used successfully for diphtheria without croup. I am inclined to think, that we shall gain most by seeking a remedy which shall best control the primary morbid force of the disease, making the croupal symptoms secondary, as we do exudation at any other focal point, not, of course, discarding the special symptoms that arise in the trachea. Possibly some of these agents may be used more in the nature of adjuncts; yet I have great faith, that, if we are able to strike at the infectious germs, we shall do the very best that can be done for our patients. We shall arrest the disease before we have the tracheal complications, which is doing the very best that can be done. I once had a Lycodium case treated so well, that the friends discharged me at the second visit, thinking there was no need of paying a doctor further. Ten days later the patient died of diphtheritic croup, when, had I continued in charge two days longer, the case would have been safe against tracheal exudation. The remedy which has the similimum, in the broadest sense, is likely to be our remedy, still with the dangerous tracheal complications. It may be Apium virus, Bromine, Cantharides, Iodium, Kali bich., Lac caninum, Lachesis, Lycopodium or Sulphur. If the trachea is involved to the extent of exudative casts being formed, they usually extend also into the bronchia, a thing not common in simple, non-contagious croup. I have sometimes thought favorably of the inhalation of alcoholic vapor in these cases, and I would suggest its use with the homœopathically-chosen remedy."

"Miss L. Smith, teacher, aged twenty-four years, was taken very suddenly with chills while at dinner; the neck was sore and stiff, stiffness seeming to extend more to the muscles on the *left side*, and a sensation of obstruction to deglutition with rapidly-increasing soreness in the right pharyngeal and tonsillar region. Patient called me and expressed herself much surprised with the sudden develop-

ment of these symptoms, as she had not thought herself sick or even unwell till she went to dinner. I found the right tonsil considerably enlarged, looking brownish, and a thin gray membrane developing over the middle of the tonsil, of the size of a twenty-cent piece; fauces were also swollen and had the dark brown hue. Patient had been teaching in a ward where diphtheria had prevailed, and several of her pupils had been taken down with the disease in school and in the interim between roll call. Gave *Lycopodium*<sup>201</sup> to repeat once an hour. Saw patient in the evening, and found her better. Next morning patient was convalescent, the attack having been aborted.

Next day was called to another case, a Miss of fourteen, with the right side attacked, brownish-red color of the right tonsil and pharynx to the right of the median line; there was much œdema, as well as an enlarged tonsil with swelling extending toward the left. Tonsil was loaded with gray-colored fibro-mucous deposit, and masses hung down from the pharynx behind the uvula, and seemed to extend up the posterior nares, blocking the passages. Exudation was adherent and separated from the epithelial surfaces with difficulty. Disease was of two days standing; at least, the first symptoms were declared thirty-six hours previous. Gave *Lycopodium*<sup>200</sup> with a convalescence the third day from commencement of treatment."—*Idem*.

*Amaurosis*.—Dr. W. J. Martin reports the following case:

"Oct. 1, 1879.—Was called to see a girl aged 8 years, sick with diphtheria. It was a moderately severe case, recovering in six days. The only medicine used was Merc. cyan<sup>6</sup>, trit.

About a week after the child's recovery she returned to school, but in a few days complained that she did not see well, and was finally sent home by her teacher, being unable to read from her book or perform her exercises at the blackboard.

Oct. 19.—The child was brought to the office. Objectively the eyes appeared all right, but she could not name the large letters on the title-page of a book.

I had never met such a case before, but remembered reading in the *Organon* for January, 1880, a report of two similar cases by Dr. H. N. Martin, cured by Lach.<sup>200</sup>

Now, as these two cases "might have got well anyhow," as so many of our friends say who do not believe in cures with any but

low potencies, I thought I would give my case a chance, told the mother to keep the child from school, and not allow her to use the eyes for close vision, did not give any medicine, and told them to return in one week.

Oct. 25.—The mother reports the child much worse, and in addition to losing her sight she was losing her speech. She received twelve powders of Lach.<sup>200</sup>, a powder to be taken night and morning. No more medicine was given, and in two weeks she was well and has remained so ever since.”

Dr. Grubenmann, of St. Gallen, says:—“For a year and a half we have had in St. Gallen and vicinity an epidemic of a combination of scarlet fever and diphtheria. For a year it has been diphtheria purum of a quite pernicious character. This latter disease appears to have now reached its end, for I have neither seen nor heard of a case for four weeks. I take the liberty of communicating to my colleagues my treatment of this disease. I have treated about fifty cases and cured all without an exception. Light cases (*catarrhal diphtheria*) are not included in these fifty cases. There were four adults all affected with considerable fever; temperature from one hundred and two to one hundred and four in the first twenty-four hours. Of the children, from two to twelve, at least a quarter were severe cases; two being well marked cases of the *septo-gangrenous form*. There were no cases of the laryngeal variety, nor was a case followed by diphtheritic paralysis or paresis. Until three years ago I treated diphtheria with *Apis* 6 to 30, *Bromine*, *Belladonna*, *Kali phos.* and *Merc. cy.*, 3d to 6th, all in the centesimal dilution, with favorable, but not striking results. I began to lose confidence in *Merc. cy.* over three years ago, until I began to use it as recommended by Dr. von Villers, not below the 6th cent. It is a pleasure to here acknowledge my indebtedness to him for many valuable hints gathered from his publications. During this epidemic I have employed *Merc. cy.*, but never below the 15th cent. (from the 15th to the 30th) and therewith subdued the disease. Generally in twenty-four hours from the administration of that remedy the favorable effects were apparent, and after ninety-six hours more the throat was fully restored to its normal condition. The greatest length of the cure in cases which first came under my care in an advanced stage was ten days. I proved that *Merc. bin.*, which is so strongly

recommended by my honored colleague, Dr. Goullon, Jr., has by no means the favorable effects I had anticipated, for I tried it on four cases in one family, without perceiving any favorable results; after thirty-six hours I saw such an increase in the patches in the throat, that I gladly resorted to the *Merc. cy.*, and I soon perceived a prompt decrease of the membrane. Another trial in a child of ten years gave the same result."

In closing this subject, I am happy to be able to add my testimony to the efficiency of *Merc. cyan.* in the worst forms of malignant diphtheria. Three years ago, when a severe epidemic of the disease was raging in Covington and vicinity, several cases of the most malignant character came under my treatment, and although the symptoms were of the gravest character, they all recovered under the use of the 12th attenuation of *Merc. cy.*—*Hart.*

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### RAPID CURE OF RHUS POISONING.

June 23d, S. T., æt. fourteen years; vesicular and papular eruption over face, hands, arms and legs. Complained of great burning and itching of the skin—especially on the arms and legs. The face is swollen, red, hot and painful to touch. Cannot lie in bed at night on account of greatly increased discomfort and heat of the skin.

R. Freshly prepared calcic. hydrate, one ounce to water one gallon; shake till thoroughly mixed, then apply to whole inflamed surface by means of a rag. Repeat every hour; cure in twenty-four hours.

July 3d, A. F., æt. twelve years; face greatly swollen, eyes closed thereby; neck enormously swollen; great dyspnœa from pressure of the swollen tissues of the neck and throat upon the glottis. Temperature half a degree above normal; pulse one hundred and twenty. Calcic hydrate mixture of same strength as above, cloths wet in this fluid and kept upon the face and neck. Swelling greatly abated in six hours. Complete cure in twenty-four hours.

R. T., æt. seven years; face, hands and neck covered thickly with red papular eruption, burning and itching. Powdered calcic

hydrate dusted through a woolen cloth upon the inflamed skin. Redness and soreness disappeared in four hours, leaving colorless elevations of the skin that were not at all painful and disappeared within three days.

These cases illustrate the most satisfactory treatment of poisoning by *Rhus tox*. The most inveterate cases yield kindly to it within a few hours, and no bad results are experienced from the use of the remedy. The dry powder should be used when it can be, and should be a fresh article.

H. W. TAYLOR.

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COCA A CURE FOR MORPHINISM.—(*Medical Record*.) *La Independencia Mexico* quotes the following case: A lady had been in the habit of alleviating her sufferings with morphine, of which drug she finally took sixteen grains a day. Thirty hours after having taken her last dose, she was found in a condition of great anguish, excitation, and inquietude. During the night chloral hydrate and iodide of potassium were given to allay the excitation and produce sleep. The next day she was very weak and restless, hardly able to speak and tormented with vomiting; the pulse was 150. The fluid extract of coca was administered in doses of a tablespoonful. The first dose had but little effect. The second was followed by a wonderful change; the pulse fell to 85, the countenance assumed color and animation, and the vomiting ceased. The patient began to speak, and was in excellent spirits. She slept almost the half of the following night, awoke refreshed, with a pulse of 75, took breakfast, and digested it well. She continued to improve, rode in a carriage for quite a distance, and left the city next day, taking with her an eight-ounce bottle of coca, which remedy she continued to take in diminishing quantities. When she ceased taking it she was enjoying good health, without the use of morphine.

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LATHYRUS SATIVUS.—(*Br. Jour. Hom.*, v. 3, p. 257.) This is a sort of wild vetch, a grain which in India, is allowed to grow with the other grains and is fed to cattle with the grain stalks. It is called there *Teoree* and *Kesaree*. The wheat crops having failed for three successive years subsequent and during 1829, and the *teoree* crop being abundant the people subsisted very extensively upon it. In a year or two this manifested itself in a serious shape. The people from 30 yrs. æt. downward began to be afflicted with paralysis of the lower limbs. It was sudden in all cases, and did not yield to treatment.—[Col. Sleeman, an Indian official.]

## Translations European Journals.

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PROF. S. LILIENTHAL, M. D., NEW YORK CITY, EDITOR.

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### ON THE TREATMENT OF ANTHRAX.

In the Societe de Chirurgie de Paris, a discussion took place on the treatment of anthrax. Lafort, after splitting the anthrax, uses the sharp spoon, with which he scrapes out the masses of exudation, and witnessed from it a quicker cure than from simple incision. See follows a method of Hueter, who makes several punctures in the periphery of the carbuncle and then divides with a tenotome the connective cords running from the skin down into the tissues. He found that the pus discharges itself freely through the small openings and thus there is less loss of substance. Antiseptic injections are made twice or thrice a day through these punctures. Marjolin and Le Danty favor large incisions and Le Fort found necrosis of the skin does not take place over such a large surface where a longitudinal incision is made instead of a crucial one, and the former suffices for the scraping-out process. Labbe opposes a uniform process in anthrax; whereas, in some cases, where several openings *per se* took place, and the tension is not considerable, no operation may be necessary, there are others, where the great tension of the tissues indicates incisions. Where the tumor is as hard as wood, the removal of this infiltrated tissue is obligatory. Deprez is against any operative measures. He treated on the expectant plan 57 cases of anthrax and lost only six: three were diabetic, one suffered from hepatic cirrhosis, one died from phlebitis, the carbuncle being in the face, and one from excessive suppuration. Verneuil believes an operation to be necessary only in about twenty per cent. of all cases, especially where there is great painfulness and the borders not confined. The latter form is more frequently observed in diabetic patients and only an operation prevents its onward progress. He considers the bloody incision not without danger and prefers the thermocauter. He makes radiary incisions, which do not reach the

center, bringing them at the periphery into the apparently healthy tissue to the distance of one centimeter. Between these incisions he makes deep igni-punctures.—*Med. Neuigk.*, 39, 1881.

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## ON THE EFFECTS OF SNAKE-POISONS.

Dr. Lacerdo Filho, of Rio Janeiro, published lately his studies on the *Crotalus horridus*. Not only the bite of the serpent, but also the inoculated blood of the animal perished from the bite, produces death in a short while. But the blood or meat of an animal killed by the bite may be eaten by another animal, without injury to them. The blood keeps its poisonous qualities, when dried and kept for a long time. To get hold of the poison, snakes were chloroformed and the poison extracted on a ball of cotton. Sometimes twenty centigrammes were thus collected. The poison itself is a transparent, odorless fluid, of neutral reaction, similar to a thin solution of Gummi arabicum. Under the microscope it shows numerous globular corpuscles, in constant motion, of a diameter of one hundredth thousandth of a millimeter. They may be colored by Aniline and then their movements become more brisk. Alcohol, chloroform, boracic acid suspend their motions, nitric acid after a longer action. An addition of distilled water to the dessicated poison restores the mobility of the micrococci. In order to find out the power of resistance of the poison to different temperatures, it was dried for two days, pulverized, suspended in water and then exposed for half an hour to a temperature of 90 degrees. This poison could be inoculated to pigeons, without injury. The fresh poison also lost its power, when cooled for half an hour in 0 degree. Strong electric currents do not destroy the micrococci. Alcohol produces in the poison a flocculent deposit and destroys its activity. When an animal is alcoholized shortly before the inoculation, and when Alcohol is applied shortly after the inoculation, the poison will hardly develop any local action. Hence, we can explain the action of many vegetable extracts known as antidotes; which probably owe their reputation to the Alcohol used as extractive matter. After a bite of a poisonous snake, it is advisable, 1) to excise immediately the wound and to wash it thoroughly with Alcohol; 2) to intoxicate the patient with Alcohol.—*Neue freie Presse*, Sept., 1881.

## Miscellanea.

### GUITEAU THE ASSASSIN.

The trial of the assassin Guiteau is not being conducted with becoming dignity. The Government, it seems to us, might have dispensed with the speech of Mr. Corkhill, with the examination of so many witnesses, and with the exhibition of the vertebræ of the murdered President. Why should it not have been sufficient to have called Secretary Blaine who would have proved the killing and identified the murderer, and there rested the case?

Then the Court has not had as much success in preserving order as is usually met with in offices of even Justices of the Peace.

The defence has been successful in proving Guiteau to be a thoroughly *bad* man if not an insane one. Not a single element of true manliness exhibited. An absolute pest to society all his life. A professional dead-beat. Unworthy of trust and confidence he is everywhere distrusted and disliked. Without regard for the truth or the rights of others, he has gone from place to place, and from one pretext to the other, year after year without earning his bread.

His friends testify that for years they have known him to be insane. If this is so then they are in a measure responsible for the murder of the President. If they knew Guiteau was insane and dangerous, and did not try to seclude him to prevent his doing harm, then they should bear a share of the odium which results from his action. His brother-in-law says that the evidence of insanity is complete, therefore he is irresponsible. He does not plead for his being saved from the gallows, and safely secluded for life in an asylum for the criminal insane, but for a verdict of *not guilty* and a restoration to liberty.

This would be gross injustice to society.

#### INSANE YET RESPONSIBLE.

We have no doubt that Guiteau is partially insane. The common idea that when there is any degree of insanity therefore the

person is irresponsible is a delusion. Was there a thought of the nature of the act when it was committed? In Guiteau's case evidently there was, hence his fear that he would be lynched after he had murdered the President, so he engages a carriage to take him to the jail, and writes to Gen. Sherman to protect him there. Was there an uncontrollable impulsion to the committal of the murder? By the criminal's own confession he was harboring the idea of taking the President's life for several weeks, watching for the best opportunity to commit the murder, practicing with the pistol so as to become expert in its use, and instead of making any attempt to drive the thought of murder from his brain he appears to have gloated over the idea of the notoriety which would ensue should he be successful in the assassination. Was he conscious of the quality of the act when he did the shooting? His written statements appear to show as accurate knowledge of the nature of the crime as was ever entertained by any murderer.

If a man had been given power on the second of July last to visit the abodes of the damned, and to take from thence the meanest spirit he could find, and this fiend incarnate had been placed on earth with liberty to take the life of the purest and best; as good a son, as good a husband, and as good a father as could be found; a life considered to be the most precious to the whole nation of any, then we think the aim would have been the heart of

JAMES ABRAM GARFIELD.

And there will remain upon the clear pages of history throughout the generations of time, the record that a base thing in the garb of a man, who was destitute of every true attribute of manhood, did with the coolest planning of weeks, and the set premeditation of the most deliberate malice, without any provocation whatever, take that life. And instinct with the glowing hate of the devils he glories in the accomplishment of the murder. We have not heard and we do not believe that he has expressed any regret whatever at the crime.

Dr. Samuel Worcester in his admirable work upon *Insanity and its Treatment*, p. 421, refers to an account of a case of homicidal mania in that of a really good man. It is a report of Dr. Calmeil of the case of Glenadel. We present it here in an abridged form:

This young man lost his father during infancy. During childhood his conduct was exemplary. At 16 he became sombre and taciturn. After a time he told his mother that he loved her with all his heart but felt a constant impulse to kill her, and to avoid such a dreadful event he begged her permission to enlist as a soldier. In the army he felt an inclination to desert, go home and kill his mother. His term expires and he re-enlists. His passion changed to a desire to kill his sister-in-law. Hearing that his sister-in-law had died he obtains his discharge and returns home. There he finds that he has been deceived. His sister-in-law is alive. He begs his brother to bind him and send him to the asylum, telling him he was more dangerous than a wild beast.

The evening of his admission he writes to the Superintendent Calmeil: "I have entered your asylum, and I will behave as well as in my regiment, and I shall be considered cured of my dreadful thoughts. At times indeed I may pretend it is so, but do not believe me. I ought not to be allowed to depart under any pretext whatever. When I beg to be set at liberty redouble your watchfulness. I should only use that freedom to commit a crime at which I shudder."

Poor Glenadel! Such an instance of moral insanity excites our deepest sympathy. But who has pity for Guiteau? What a contrast between the two! In Glenadel a propulsion to the committal of matricide which it was almost impossible to resist. A hatred of the crime by his own better self but an insane moving thereto as by some possessing demon of the pit. In Guiteau an impelling to murder which he did not try to restrain but rather fed as that which would lead to the crowning ambition of his life.

Guiteau says that he has been acting as an instrument of the Deity. That in this case he represents God. That God impelled him to take the President's life wherefore he should not be held responsible for it. Then he declares that his own writings are as much inspired as the Old or the New Testament.

Such statements prove profanity but not insanity. If this man had really had an insane idea that God was using him for any purpose there would have been action consistent with such delusion. If he thought God moved him to any act he would also believe in God's protection therein.

But in one sense Guiteau is right. God did possess him, but not the God of the christian. The God of this world is his deity and he has served him well. He that entered into Judas doubtless

possessed Guiteau. The same devil that nerved the arm of Booth who shot Lincoln, doubtless inspired Guiteau.

And yet we would not vote to hang him. We do not believe in capital punishment. The Government should provide suitable places for the confinement of insane criminals. Remorse may yet visit the heart of even such as Guiteau. Even such a murderer may come to repentance.

E. A. L.

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## UNIVERSITY OF MICHIGAN.

### ACTION OF THE REGENTS.

A meeting of the Board of Regents was held on Nov. 3, 1881. At the unanimous request of the board, Prof. Maclean withdrew his resignation.

The attention of the board Wednesday evening was occupied in hearing the testimony of C. Howard Skeels, formerly a student in the homœopathic college. He stated that he entered the college January 6, 1880; that he severed his connection with the school April 16 following. He received a certificate of attendance from Prof. Franklin which was for 20 weeks, when in reality he had attended only 13 weeks. His testimony was the same as given in his affidavit, which has been published in the papers. He charges Dr. Franklin with giving him a time certificate, etc.

The following was proposed:

WHEREAS, It is represented to this board by counsel for Dr. E. C. Franklin that, on account of imperative engagements in court, he cannot proceed with the further investigation of the charges affecting Dr. Franklin at this time; and

WHEREAS, Dr. Sawyer, as medical adviser of Dr. Franklin, is physically incapacitated from safely presiding at the present investigation; therefore

*Resolved*, That when this board adjourn it adjourn to meet Tuesday evening, Dec. 6, 1881, at 7.30 P. M.; and that the special order for that meeting be the completion of the investigation of said matters affecting Prof. E. C. Franklin.

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THE AMERICAN HOMŒOPATHIC DIRECTORY AND YEAR-BOOK.—In accordance with an understanding had with Dr. Pettet, publisher of the *North-American Homœopathic Directory*, 1877–1878, the undersigned will issue, early in the coming year, a work to be entitled, “The American Homœopathic Directory and Year-Book.” It will include—First, A *Directory* of the homœopathic physicians of North-America. Second, *Homœopathic Societies*,

National, State and local, with times and places of meetings for the year 1882, &c. Third, *Public Institutions*, — colleges, hospitals, public dispensaries, asylums, "homes", etc., in which homœopathy is taught or practiced. Fourth, *Literature*—Titles of books, journals, pamphlets, &c., issued during the past year, with names of authors, editors, and publishers, and the size, style, and price. Fifth, *Public Medical Service*,—homœopathic physicians acting as members of Health Boards, pension examiners, surgeons in the army, navy, national guard or militia, physicians in government hospitals, prisons, almshouses, &c. &c. Sixth, *Legislation* enacted in 1871, specially affecting the rights and privileges of homœopathic practitioners.

The completeness and accuracy of such a publication must depend almost entirely upon the aid voluntarily furnished by physicians in all parts of the country. Without an abundance of this practical sort of encouragement, I shall make but sorry work of it. I therefore appeal most earnestly that each reader of this notice will *immediately* send me by postal card, his or her full name, state, county, post office, and, if residing in a large city, the street and number. Especially should this be done by those who have commenced homœopathic practice or changed their residence since 1877,—the date of publication of Dr. Pettet's Directory. It is also requested, that officers of societies and public institutions will forward, at once, such information as is above indicated, and that publisher will, likewise, transmit complete lists of their publications of 1881, for insertion in the Directory.

A copy of the work, in paper cover, will be sent to each physician who takes the trouble to forward his name and address, or who, in any other way, aids in its preparation. A few copies will be neatly bound in cloth, for sale, at one dollar each. Applications for these, with remittance, must be sent not later than Jan. 1, 1882.

Address: PEMBERTON DUDLEY, M. D.,  
S.-W. Cor. 15th & Master Sts., Philadelphia.

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## TO THE HOMŒOPATHIC PHYSICIANS OF THE SOUTH.

Brethren: From interviews that I have had during the past few months, with physicians of our school in the South, it has seemed advisable that we should have an organization similar in character to the Western Academy of Homœopathy, to bring together those of our school in this section. So far as my knowledge extends, there are but one or two homœopathic societies of any kind, south of Mason and Dixon's line, and it is high time that we were more thoroughly organized. In this way, our beloved science can be more effectively placed before the public, and we can be brought

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together for mutual improvement and encouragement. There are many homœopathists, who are completely isolated, and who do not have an opportunity to meet one of their own school, from one year's end to the other, and to them especially such an organization would be of the greatest value. The meetings of this association could be held yearly, in the cities that would be most central to all, and May or June would probably be the best months to hold them. The American Institute holds its next meeting in Richmond, for the purpose of giving more prominence to Homœopathy in the South, and the meeting for the organization of the proposed association might be held at such time and place, that those who wished could continue on to the Institute, or the organization might take place in Richmond at the same time as the meeting of the Institute. I have made bold to act as secretary pro tem. to bring this matter before you, and I would respectfully urge upon every homœopathic physician in the South to send me his name to attach to a call, and also any suggestions as to time and place of meeting, etc., etc. I will see that this call is issued at the proper time, and will do all in my power to perfect arrangements for the meeting.

Fraternally yours, H. R. STOUT, M. D.,  
*Jacksonville, Florida.*

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PRESIDENT GARFIELD'S PHYSICIANS. *Compensation of.*—“One of the physicians in attendance upon the late President Garfield” sends the following to the *New York Times*: “I see a report circulating in the secular papers and medical journals that the medical gentlemen lately in attendance upon President Garfield have, by request of a Government official, rendered their bills for services, the amount claimed by each being specifically stated. Will you please correct this report? No Government officer has authority to call for such bills until Congress has assumed their payment, which it may never do. No one has applied to me for a statement as to the value of my services, nor have I intimated to any one what I would regard as a proper compensation. If the Government assumes the payment of these bills, the sum paid will be in the nature of a *honorarium* only and we shall have nothing to say about it. I am unwilling that the public should suppose that we have been guilty of an act of such gross impropriety and indelicacy as the statements referred to would imply.”

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DR. J. MILNER FOTHERGILL ON USE OF MALTINE. (*Practitioner.*)—In order to aid the defective action upon starch by the natural diastase being deficient in quantity or impaired in power, we add the artificial diastase “maltine.” But, as Dr. Roberts points out, in order to make this ferment operative it must not be taken after a

meal is over. Rather it should be added to the various forms of milk porridge or puddings before they are taken into the mouth. About this there exists no difficulty. Maltine is a molasses-like matter and mixes readily with the milk, gruel, &c., without interfering either with its attractiveness in appearance, or its toothsome-ness; indeed its sweet taste renders the gruel, &c., more palatable. A minute or two before the milky mess is placed before the child, or invalid, the maltine should be added. If a certain portion of baked flour, no matter in what concrete form, were added to plain milk, and some maltine mixed with it, before it is placed on the nursery table, we should hear much less of infantile indigestion and mal-nutrition.

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HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.—The 17th annual meeting of the Hom. Med. Soc'y of the State of Pennsylvania was held in West Chester, Pa., Sept. 20th to 22d. Seventy physicians present; fifty papers read and discussed. Officers elected: President, Dr. John C. Morgan, of Philadelphia; 1st Vice Pres., Dr. P. Dudley, of Philadelphia; 2d Vice Pres., Dr. J. B. Wood, of West Chester; Rec. Secy., Dr. Z. T. Miller, of Pittsburgh; Cor. Secy., Dr. R. E. Caruthers, of Allegheny; Censors, Drs. R. J. McClatchey, Jos. E. Jones, and Maria N. Johnson. The usual banquet was omitted, out of respect to the memory of President Garfield.

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CONTAGIOUSNESS OF CONSUMPTION.—In the opinion of M. H. Touissaint, no contagious malady has a greater virulence than tuberculosis. The virus preserves its efficacy at temperatures which completely destroy the bacteria of splenic fever. Infection takes place as easily by ingestion as by inoculation.

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FOUR TESTICLES.—(*Medical Record*.) The *Gaceta Medica Sevilla* mentions a curious case observed by Dr. Cebeira, in the San Fernando hospital. A soldier entered this institution to be treated for syphilis; on examination he was found to have four testicles, more or less involved in the disease, and enclosed in two perfectly normal scrota.

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HOMŒOPATHIC TREATMENT OF THE INSANE.—An asylum for the treatment of chronic cases of insanity at Binghamton, N. Y., has been placed under charge of Dr. Armstrong.

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WINE.—Three samples only out of 123 examined at Paris were found to be genuine.

## Book Notices, Reviews, etc.

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E. A. LODGE, SEN'R., M. D., DETROIT, MICHIGAN, EDITOR.

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Any book noticed in these pages will be mailed from AMERICAN OBSERVER office free of postage on receipt of price.

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### NORTH AMERICAN REVIEW.

The discussion of "The Christian Religion," by Col. Ingersoll and Judge Black, which was commenced in the August number of the *North American Review*, is continued in the November issue of that publication. Col. Ingersoll now replies to the strictures of his opponent, and presents much more fully than he has ever before done the logical grounds for his opposition to Christianity. The article will be received with interest by those who have read the first part of the debate, as well as by all those who believe that the cause of truth is best advanced by free discussion. An early number of the Review will contain an exhaustive reply, which we expect will be as forcible in vindication of the truth against all sophistries, as Judge Black's original article.

### WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS.

The series for 1881, 12 vols. for \$15, are printed upon very fine paper, and have excellent illustrations and superior binding. A marvel of cheapness. The volumes are upon practical subjects by the best authors.

*INSANITY AND ITS TREATMENT. Lectures upon the Treatment of Insanity and Kindred Nervous Diseases by Samuel Worcester, M. D., Salem, Mass. Boericke & Tafel, New York and Philadelphia, 1882. Octavo, 466 pp.*

Homœopathy has won some of its best laurels by its superior success in the treatment of mental diseases. A fair knowledge of our *Materia Medica* has enabled our physicians to cope with diseases of the mind with much better results than have been attained by other methods. But these diseases should receive special attention and we gladly welcome the volume of lectures of Dr. Worcester. With the exception of Jahr's work on Mental diseases it is the only complete treatise on this subject in our school.

*PROCEEDINGS HOM. MED. SOC. OF OHIO.*

The seventeenth annual session was held at Toledo, Ohio, May 10 and 11, 1881, and the proceedings come in a neat pamphlet of 178 pp., printed by Advance Co., of Cincinnati.

*THE CHILD OF PROMISE; or the Isaac of Medicine and Ishmael the Half Brother, by William Mellen Cate. Washington, D. C. H. B. Burnham & Co.*

The title page avows the purpose of the book to be a comprehensive glance at the instincts and predelictions of the Rival Schools of Medicine. The comparative view, and historical and scientific claims of the two schools are presented in a very clear light, and in a novel and attractive form.

*HOMŒOPATHIC THERAPEUTICS AS APPLIED TO OBSTETRICS, by Sheldon Leavitt, M.D. Chicago. Duncan Bros., 1881. \$1.*

A very convenient little guide book full of hints and practical suggestions.

*THE HOMŒOPATHIC PHYSICIAN'S VISITING LIST and Pocket Repertory, by Robt. Faulkner, M.D. Boerike & Tafel, 1882. Price \$2.*

The blanks for daily engagements and prescription record are neat and well arranged, and the binding of the book excellent. Dr. Minton, of New York, should have credit for the repertory.

*THE MEDICAL RECORD VISITING LIST, or Physician's Diary for 1882. New York, William Wood & Co.*

The publishers issue two kinds, both interleaved, for 30 and 60 patients, well bound in red or green leather, at \$1.25 and \$1.50. The paper, printing and binding are the best.

*THE PHYSICIAN'S VISITING LIST for 1882. Lindsay & Blakiston, Philadelphia.*

The thirty-first year of this excellent visiting list. Considering the good qualities that have been retained and the yearly improvements that are made its popularity is readily accounted for.

*VISITING LISTS FOR 1882.*

We can furnish postage free on receipt of price, any of the Visiting Lists and Diaries that are published:

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Miner's Physician's Memorandum Book.....	1 25
Leonard's Physician's Pocket Day Book.....	1 00
Lindsay & Blakiston's 50 Patients.....	1 25

*SCIENTIFIC AMERICAN*, 1882. *Munn & Co., New York.*  
\$3.20 per year.

This admirable journal will be of still greater interest next year and we are able to offer it to our subscribers with the *OBSERVER* for \$4.50 if paid in advance.

### *THE NORTH AMERICAN REVIEW*

For December is a good number. The writers are men eminently competent for the tasks assigned to them, while the subjects discussed are of living interest. Indeed, were one called upon to enumerate the contentions that are to-day exercising men's minds, those treated of in this number of the *Review* would certainly occur to him among the first. The most opportune of the articles is by Hon. John A. Kasson, entitled "The Monroe Doctrine in 1881." Then follows a discussion of the Death Penalty, conducted by the Rev. Dr. Cheever, Judge Samuel Hand and Wendell Phillips. The policy of Mr. Gladstone's Government toward Ireland is strenuously defended by Mr. H. O. Arnold-Forster, son of the Chief Secretary for Ireland. Four physicians and surgeons of the first rank in the old school, namely, Drs. W. A. Hammond, John Ashhurst, Jr., J. Marion Sims and John T. Hodgen, review the history of President Garfield's case. Finally the Hon. David A. Wells treats of Reform in Federal Taxation.

A number of books and pamphlets are reserved for notice in December and January numbers.

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### NECROLOGICAL.

BARRETT.—Marie Louise, wife of A. R. Barrett, M. D., and daughter of Charles L. Barnes, Esq., deceased, departed this life at Richmond, Va., on the 2d of October.

CAMPBELL.—We are very sorry to learn that our friend Cl. T. Campbell, M. D., of London, Ontario, has been bereaved of an only daughter, a very bright and beautiful girl of eleven years of age. We tender our sincere condolence.

LEADAM.—Thomas R. Leadam, M. D., author of a very valuable work upon Diseases of Women, died at London, England, on the 5th of September.

## Personal Notices, etc.

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BOYNTON.—We are glad to observe, that at a meeting of the faculty and alumni of the Boston University School of Medicine, held at the college on the 28th of September, the executive committee were instructed to prepare and forward to Prof. S. A. Boynton, M. D., resolutions expressive of the appreciation of his conduct during his attendance upon President Garfield.

JAMES.—Our friend and colleague, Dr. Bushrod W. James, writes us from London, Nov. 21: "I believe I am the last one of the American delegates to the International Homœopathic Convention of July left on this side of the Atlantic, but still I am not lonesome among these noble, large-hearted scientific and dinner-loving Englishmen. They nearly used up the Americans in the abundance of their festivities in July. You would not believe what a good-natured, jovial, kind and generous lot of physicians they are, unless you came in contact with them right here in their homes.

I am through with my eastern tour and am on my way home, expecting to leave Liverpool in the *Germanic*, Nov. 10, after spending a day or two with my friend, Dr. J. H. Hayward, in that city. I have made a good many observations of a sanitary, medical and surgical character in the various countries I have recently visited, but have lacked the time to record them in proper shape for a public journal and for critical eyes, but I hope to shape them after I get home. Yours fraternally, BUSHROD W. JAMES.

SKINNER.—Dr. Skinner, of London, announces, that he has resigned his membership in the International Hahnemannian Association, and ceased contributing to its organ, "*The Homœopathic Physician*." His cases of Chronic Diseases cured, will appear hereafter in the "*North-American Journal of Homœopathy*."

TRIPP.—F. D. Tripp, M. D., of Taunton, Mass., a graduate of the Boston University of Medicine, has been appointed one of the house physicians to the Homœopathic Hospital at Ward's Island, New York.

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### MARITAL.

ENLOE—RAGLAND.—James H. Enloe, M. D., of Nashville, was married to Miss Pink Ragland, daughter of Col. Wm. Ragland, of Columbus, Ga., on Tuesday, the 29th November. We tender our heartiest congratulations, and best wishes.

MACDONALD—HACKETT.—Angus Macdonald, M. D., was married Oct. 25, 1881, to Miss Annie T. Hackett, at Boston, Mass.

## Physiological Chemistry.

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PROF. CLIFFORD MITCHELL, A. B., M. D., CHICAGO, ILL., EDITOR.

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### POISONING FROM ARSENIC.\*

September 22, 1874, one Giraud, a medical student, asked at a drug store in Paris for 15 grammes of the iodide of potassium in a solution of 600 grammes of water. The clerk putting up the medicine made a mistake in the bottle and gave Giraud 15 grammes of the arseniate of sodium, in solution in water.

The next day Giraud took a spoonful of the solution just before breakfast; soon afterward he felt a general malaise and vomited repeatedly the rest of the day; at night he had frightful dreams.

On the 24th he took a seidlitz powder but continued to vomit often; during the next eight days he took infusions of chamomile and Vichy pastilles.

Feeling somewhat better he took another spoonful of the arsenical solution and in about five minutes, very violent vomiting began, which lasted nearly two hours.

Not being able to account for such results from taking supposed iodide of potassium, Giraud consulted a brother student who attributed the vomiting to something else than the solution and advised him to take "some more," which a few days later he did. This time the vomiting lasted but three-quarters of an hour—long enough, however, for Giraud to make up his mind to have the offending solution analyzed, the result of which analysis was of course the discovery of arsenic.

After the third dose Giraud habitually vomited during or after meals; for a few days he had a black fetid diarrhoea, frequent epistaxis, great præcordial anxiety together with pain in the epigastrium and colics. For nearly two months he was treated successively by

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\*From the French of Imbert-Gourbeyre.

two hospital physicians, and aperient drinks, chlorate of potash, sulphur baths, iron, coffee, brandy, etc., were given him.

Toward the end of October he felt his strength failing him, could not easily keep warm, vomited constantly and from time to time had palpitations of the heart. During the first six months he felt a numbness and formication in the limbs and for nine consecutive months, on waking in the morning, a numbness in the toes.

During the first months also he had seminal losses without erection—something new to him. Toward the end of November he noticed in the groin and internal surface of the thighs divers red spots which did not disappear upon pressure with the finger. These lasted for a long time finally becoming pale and replaced by a speckled condition of the skin.

About the last of November he returned to his home and confined himself to a milk diet with a little Vichy water.

After five or six weeks of this diet the vomiting ceased but frequent regurgitations still troubled him.

In the beginning of January believing himself nearly cured he returned to Paris, and went back to his old life.

Ten days after he was taken suddenly again with vomiting and by the time March had come he was vomiting incessantly before, during and after meals, having at the same time tearing pains in the epigastrium. On the advice of a celebrated physician he went home again, and confined himself to a milk diet with morphine for the pain.

The vomiting ceased, under this treatment, by the eighth of March, leaving in its place an obstinate dyspepsia and constipation which dated back from the month of January, the stools being merely white lumps or balls. In August Giraud told his story to Imbert-Gourbeyre, one of his former professors. It seems that he had sued the druggist who gave him the arseniate by mistake for the iodide but had *lost his case* in the lower court. He decided to appeal it, Imbert-Gourbeyre furnishing him with the necessary certificates, etc.

The higher court decided that although the druggist had made a mistake in giving Giraud the arseniate nevertheless this substance as soon as taken was vomited *hence could not have been responsible for his subsequent troubles*.

Geraud had the satisfaction therefore of not only losing his suit but of *paying the costs also*, that the majesty of the law might be duly vindicated.

Persons whose minds are not legally prejudiced, however, may find in the case of Giraud a series of interesting symptoms following the taking of arseniate of sodium in massive doses.

C. M.

## ARSENICAL PHTHISIS.\*

Does arsenic cause phthisis?

This is a question worthy of our attention. From the time of Arnould Villeneuve down to our day this celebrated poison has been accused of numbering phthisis among its sequelæ. "*Promovet tussim ducentem ad phthisim*," said Arnould.

Before Arnould, Avicenna probably had in mind the same thing when he said: "*Et quandoque accidit tussis lædens*."

Among its general effects Geoffroi mentioned a cachectic state—*tabes*.

Gmelin said, speaking of the victims of arsenical poisoning: "*Febre lenta et tabe consumuntur*."

"The vapor of arsenic," says Mahon, "is one of those most dangerous to life. It produces sneezing, suffocation, a dry cough, etc. \* \* \* If it does not kill it is conducive to phthisis. \* \* \* I have read of many cases of poisoning by arsenious oxide. \* \* \* the victims are never radically cured. There remains for a long time a dry cough, frequent ptyalism, debility and trembling accompanied by hectic fever."†

"If the patient escape these above-mentioned troubles," says Bertrand, "he experiences, ordinarily, dull pain in the stomach, anxiety, etc., loses flesh, and dies of a slow consumptive fever."

We find Harles also speaking of this: "*Aut pulmonum debilitate irritabili hecticaque diatesi laborasse*," and also "*pulmonum affectus, tussim diuturnam hæmoptyoen ipsamque phthisim universalem*."

Modern toxicologists have not felt inclined to repeat these statements of the older writers partly because the famous Italian poison *aqua toffana* was in most cases the "arsenic" referred to; and although we have the statement of Hahnemann that the symptoms produced by this poison resemble perfectly those of workmen employed in the mines to sublime arsenic, nevertheless we have no symptomatology of *aqua toffana*, nor knowledge of its lesions found in the cadaver. All that we know of this poison is its legendary history.

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\*From the French of Imbert-Gourbeyre.

†Mahon, *Medecine legale* Paris 1801, vol 2, pp. 329, 355.

In a word, none of the cases mentioned by the older writers prove that arsenic is conducive to phthisis, since hemoptysis which is essentially a part of phthisis is no where alluded to as following acute poisoning by this drug.

It is claimed that where poisoning by arsenic is long continued and the doses often repeated phthisis will set in.

In reply to this we need only quote the case mentioned by Christison in 1857.

A certain Mrs. Wooler was poisoned by her husband with arsenic, the administration of which was continued daily for two months.

During life and in the course of her illness, consequent upon taking arsenic daily, her physicians demonstrated slight tuberculous infiltration of the apices, in both lungs. This state of things was proved by a *post mortem* and a slightly cavernous condition of the apex of the left lung discovered.

The defense claimed that the lady although poisoned, died of consumption.

Christison on the other hand showed that the phthisis was dormant and inactive and that the victim really died from the effects of the poison.

There are several varieties of *chronic* poisoning by arsenic:

- (1) Poisoning from arsenical wall paper, etc.
- (2) Poisoning from over doses of arsenic as a medicine.
- (3) The poisoning of workers in Scheele's green, etc.
- (4) The poisoning of arsenic eaters.
- (5) The poisoning of workmen employed in mines containing arsenical ores.

In fourteen cases of persons poisoned from living in rooms papered with arsenical paper, we find *cough, spasmodic asthma, bronchitis and congestion of the lungs*; in twenty-one other cases *hoarseness and cough most painful at night*; in none, *hemoptysis*. Hence we conclude that phthisis is not caused by this form of arsenical poisoning.

Over doses of arsenic as a medicine are given frequently and we have record of many cases where paralytic symptoms have ensued but none where phthisis has followed. Ebers quotes one case

where a little boy was seized with intermittent fever; the physician "broke up" the fever with arsenic, after which phthisis set in and the boy died.

Here however arsenic was not to blame as the phthisis undoubtedly began behind the mask of intermittent fever.

Many other cases of over dosing show signs of phthisis without the reality being actually present.

Workmen in Scheele's green, in fuchsine and in aniline, in artificial flowers, colored paper etc. are exposed to the effects of this drug; in the works of Hassal (England 1860) of Pietra Santa (France 1858) of Beaugrand and Vernois (France 1859) we find no mention as phthisis as a sequel of chronic poisoning by arsenic.

One woman who was stricken down with arsenical paralysis was subsequently attacked with phthisis but it would be difficult to assert that the arsenic was the cause of the phthisis.

Historians make no mention of phthisis among arsenic eaters.

We have one complete account of the case of an English arsenic eater together with the facts developed by the autopsy.

For four years the man had taken a certain amount of arsenic: (as much as the point of his pen-knife held).

He kept on increasing the amount finally until he died from the effects of the drug.

His symptoms were those of gastro-enteritis; the post mortem showed congested lungs but no evidence of tubercles.

The question of arsenical phthisis now rests with the cases of workmen who are employed in arsenical mines; we have numerous works on this subject.

Henckel (1728) describes two diseases the one being lead colic, the other a malady common in mines called "Bergsucht" or *peripneumonia montana* or *asthma montana*.

According to Henckel this latter disease is nothing more nor less than phthisis ending in hectic fever.

Pansa called the disease "poisonous" (*giftige*) because it was caused chiefly by toxic minerals.

The symptoms of this disease are short respiration, cough, oppression, hoarseness, fever, debility and loss of the vital forces, puru-

lent, sanguinolent expectoration, and sometimes an abundant hemoptysis causing death.

Among the causes of this malady Henckel mentions bad hygienic conditions, absence of pure air, and above all absorption of poisonous minerals especially arsenic.

He finds tubercles present in this disease, *calcareous or cheesy matters*, which soften and are expectorated, and in fact describes phthisis in its different states.

Scheffer also describes this disease of the mines and attributes it like Henckel to arsenic.

Hahnemann was sufficiently satisfied with the correctness of these views to give the name of "Bergsucht" to slow poisoning from arsenical vapors and dust.

In a recent work by Brockmann, the pneumomelanosis of mines is described but tubercles are excluded.

Langendorff, in 1857, writes to Henke's journal on the diseases of metallurgy.

He speaks especially of workmen who are employed in the sublimation of arsenic. Burning of the skin with pustules and intense itching are prominent symptoms with such men; the hair falls out, the skin loses its natural color, chronic catarrh, oppression and hemoptysis appear sooner or later with debility, insomnia and indifference to external impressions. Later, dyspepsia appears together with symptoms of thoracic and abdominal plethora, febrile manifestations and local or general dropsy.

Trembling of the limbs, sciatica, paralysis of the limbs, and muscular convulsions are often found, also various vesical troubles, especially retention of the urine, catarrh of the bladder and of the urethra.

The generative functions are excited, and marriages are nearly always prolific; the children are very strong and healthy the first two years of their life but subsequently develop scrofula, and chronic catarrh, and are subject to convulsions and cyanosis. Few live to be twenty and the majority die of anasarca before that age is reached.

According to Klose, the miners are not attacked by any arsenical disease; it is only the workmen employed in the sublimation of arsenic who suffer.

These unfortunate men in spite of their masks and frequent ablutions are troubled frequently with pustular eruptions, ulcerations of the scrotum and of the arm-pits, of the fingers and finger-nails; later asthma sets in, also gastralgia, dysuria, ischiasis, alopecia, con-

vulsions of the muscles, pains in the face and in the spinal cord, sciatica, and lastly hectic fever and anasarca.

Henckel said that phthisis attacked more especially the men who poked up the fires in the sublimation works.

The physicians of the cupro-arseniferous mines in Cornwall insist that the effects of arsenic are shown in eruptions on the skin and especially on that of the scrotum and that at the same time coughs and shortness of breath are very common among the workmen. Painter has observed among them rebellious eruptions, debility, emaciation, profuse sweating on the least exercise, scanty urine, dysuria, and violent palpitations of the heart.

Lastly, statistics show that 61 out of every 100 of these miners die of lung diseases while only 31 of the rest of the population die from the same cause. Imbert-Gourbeyre concludes therefore:

(I) That in acute poisoning by arsenic there is not a single well demonstrated case of phthisis among the consecutive troubles brought about by this trouble.

(II) Chronic poisoning in the case of workmen in Scheele's green, artificial flowers, etc., does not lead to phthisis.

(III) The absence of phthisis in those poisoned from overdoses and in "arsenic eaters" is a very strong argument against arsenical phthisis.

(IV) There remains the poisoning of miners. The statements of physicians of the last century have a certain value and are confirmed by those of the Cornwall physicians in our day. Objection to these however can be made on the ground that all have not sufficiently differentiated the diseases of workmen employed solely in the *sublimation* of arsenic. Habitual lack of sun-light, dampness, and over-work may have to do with the consumption of miners. On the other hand the physicians of the arseniferous mines in Germany in recent works speak of consumption, dropsy, and *tabes arsenicalis* but never use the words phthisis.

(V) For these reasons although arsenic develops asthma, congests and hepatizes the lungs, and determines serous exudations in the pleura there is not yet sufficient proof to show that it goes so far as to cause tubercle.

C. M.

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## REMARKABLE EXPERIMENTS OF M. DE LACERDA.

### PERMANGANATE OF POTASH IN SERPENT POISON.

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(*Les Mondes*, Sept. 29, 1881.)

Many experiments have recently been made by Dr. Lacerda—whose name is well known in connection with our literature on Curare and other South American poisons—in regard to the antidotal effect of potassium permanganate on serpent poison.

In these experiments which extended over a period of several months, he was at times assisted by His Majesty Dom Pedro, Emperor of Brazil who sets an example worthy to be imitated by other crowned heads to which exalted class of beings, as a rule, we do not appeal in scientific matters either for assistance or for sympathy.

Dr. Lacerda, after finding that perchloride of iron, borax, acid nitrate of mercury, tannin and various other chemical substances were entirely worthless in neutralizing the effects of serpent poison, finally determined to try potassium permanganate as an antidote.

His method of procedure was as follows: Having collected on some cotton, the poison resulting from numerous bites of a *bothrops* diluting it with eight to ten grammes of water he would inject the subcutaneous tissue of the thighs and buttocks of dogs with it; in one or two minutes afterward, sometimes longer, he would inject the same place in the animal with an equal amount of a filtered solution of potassium permanganate (strength 1 to 100).

The next day the dogs showed no signs of local lesions beyond very slight swelling around the point where the needle had entered.

Other dogs which had been injected with portions of the same venom but *not* with the permanganate afterward showed great local swellings and more or less voluminous abscesses together with loss of substance and destruction of tissue.

So much then for the action of the permanganate in preventing the manifestation of *local* lesions; the next step was to try the antidote after injecting the *veins* with the poison.

Thirty dogs were used in trying this experiment; a vein having been injected with half a syringeful of the venom, furnished by twelve or fifteen bites, in 10 grammes distilled water, within half a minute afterward two cubic centimetres of the permanganate would be injected.

In such cases the animal would experience a transitory cardiac excitement, sometime an acceleration, but beyond this nothing.

In fifteen out of the thirty instead of injecting the permanganate immediately, the development of symptoms was awaited and when the pupil began to dilate widely and respiratory and cardiac troubles appear then two or three cubic centimetres of the antidote would be injected into the vein with the effect of causing the symptoms to disappear, leaving a general prostration lasting from twenty to twenty-five minutes.

Out of the thirty thus treated only two died; these were being young and feeble animals, and injecting the antidote had been delayed until the heart had nearly ceased to beat.

Many other dogs being injected with the poison and no antidote injected, all died sooner or later.

C. M.

## Miscellanea.

### THE DAWN OF FREEDOM OF OPINION IN MEDICINE.\*

The events of the last few months, so far as they have borne upon homœopathy, have done good service in drawing professional attention to the subject. They have brought into prominence the ignorance, which so extensively exists among medical men, as to what homœopathy means, what it is, and how it is carried into practice; and, at the same time, have displayed the intolerance with which it is regarded. "Intolerance," said Mr. Haward the other day at St. George's Hospital, "has always been associated with ignorance." We know no more striking example of this, than that afforded by the resolutions of the British Medical Association, passed thirty years ago. They were essentially intolerant of homœopathy, and of all who, understanding and appreciating it, practised homœopathically, while they were passed by a body of men not one of whom understood anything whatever about the subject he denounced, and vehemently refused to tolerate. Of these the late Dr. Horner, of Hull, was one. On his return from Brighton, after the meeting, he was requested by a few of his medical friends in Hull to strengthen them in their opposition to homœopathy by giving them a lecture upon it, so as to provide them with arguments against it. For the first time he felt his ignorance. He knew nothing about homœopathy. But, as he had promised to lecture on it, he set to work to examine the subject, and this with the sole object of exposing what, he assumed, were its fallacies. To this end he read several books, setting forth its principles and method. And, by way of demonstrating its worthlessness, he tested homœopathically indicated medicines in disease. To his surprise his patients, so treated, improved as he had never seen them improved by medicine before. Suffice it to say, his lecture was not delivered. He could but have told his friends what he had seen, and the conclusions at which he had arrived—and these were precisely the reverse of those they desired to listen to!

Every member of that Association was as ignorant of the subject as was Dr. Horner. This ignorance is slowly being dispelled, and, in proportion as it is so, does toleration become more pronounced. Dr. Bristowe, for example, though far from accepting homœopathy as true, chiefly we doubt not because he has merely

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\*Monthly Homœopathic Review.

read about it, and has not seen homœopathically selected medicines prescribed, knows yet enough to compel him to exhibit, towards medical men practicing homœopathy, a degree of toleration previously unknown in this country. Not only does he exhibit such toleration himself, but he advocates its exhibition by others; and he does this at the annual meeting of the very Association which has made a resolution not to tolerate homœopathy a *sine qua non* of membership!

That there are many members of the profession who view the relations which ought to subsist between homœopathic and non-homœopathic practitioners much in the same way as do Dr. Bristowe and Mr. Hutchinson, we do not doubt, but they have hitherto felt unable to speak out, or have been unwilling to risk a possible loss of professional *status* by doing so. They have been unconscious of their real strength. Now, however, that men so prominent, and of such reputation, have expressed such sentiments, they are beginning to show that courage of their opinions which required some well ascertained sense of safety to display itself openly.

A large, and we doubt not a very large proportion of the profession, are as ignorant now of what homœopathy is, as were the members of the Association who met at Brighton thirty years ago; and therefore they are as intolerant of any discussion of its principles, of any intercourse with those who believe it, as were their fathers. Some of these men have essayed to show that all their fellow members are as ignorant, as narrow, and as intolerant as themselves. For example, we find that a special meeting of the Lancashire and Cheshire Branch of the British Medical Association was held at Liverpool on the 21st of September, for the purpose of once more condemning homœopathy and homœopaths to perpetual ostracism. Dr. R. C. Brown, of Preston, occupied the chair.

The meeting was summoned by circular: "To take into consideration the subject of consultations with homœopathic practitioners, bearing in mind the resolutions passed thereon by the Association in 1858 and 1861, and also the late editorial articles in the *Journal*, as well as the addresses in Medicine and Surgery delivered at the late meeting at Ryde; and to pass such resolutions as may be deemed desirable in the interests of the profession and the Association."

Nearly eighty members were present.

The resolutions on this subject, passed by the Provincial Medical and Surgical Association in 1851 and 1852, and those passed by the British Medical Association in 1858 and 1861, were read by the Secretary.

Dr. Fitzpatrick of Liverpool moved, and Mr. Lund of Manchester seconded, the following resolutions:

1. "That this meeting repeats and confirms the resolutions passed by the Association at the meetings held at Brighton in 1851, and at Oxford in 1852, and at Canterbury in 1861, in all that relates to the practice of homœopathy and the recognition of its practitioners by the members of the medical body."
2. "That this meeting considers that it is inconsistent with professional honor and honesty for practitioners of medicine or surgery to meet homœ-

opathists in consultation, and repudiates the views expressed by the readers of addresses in medicine and surgery of the late meeting at Ryde.

On the consideration of the first resolution, an amendment was moved by Dr. H. Lowndes, of Liverpool, and seconded by Mr. Hakes, of Liverpool:

"That in the opinion of this meeting, every member of the British Medical Association is entitled to the freest exercise of his own individual judgment in regard to the question of meeting in consultation gentlemen who practise homœopathy."

After a prolonged discussion, in which Drs. Waters and Glazebrook and Mr. Manifold of Liverpool, Drs. Leech, Borchardt, Samelson, Ross, Cullingworth, Sinclair, and Messrs. Walmsley and Emrys Jones of Manchester, Dr. Colley March of Rochdale, Dr. Godson of Cheadle, and others, took part, the vote was taken, when 23 voted for the amendment and 26 against.

The amendment being lost, the previous question was then moved by Dr. Harris of Birkenhead, and seconded by Mr. Dacre Fox of Manchester. Dr. Fitzpatrick then withdrew his resolutions, and the previous question was agreed to *nem. con.*

One can easily imagine the consternation with which such a revelation, as that with which this meeting terminated, must have been received by those who, trusting too implicitly that their fellow members had, like themselves, learned nothing and forgotten nothing during thirty years, had called upon them once more to repudiate homœopathy and homœopaths! We can fancy the look of happy confidence with which the proposer of the resolution and his earlier supporters would have addressed the meeting, and how this would gradually give way as views broader and more intelligent found expression, until a sense of dismay and bewilderment took possession of them when they found that in a large meeting of the Branch, one in which forty-nine members took part in the discussion, they could not carry their resolutions!

We have little or no doubt that this meeting very fairly reflects medical opinion everywhere. The report of the meeting, which we have quoted from the Association journal, is brief, and hence Dr. Lowndes, who moved the amendment, thought it right to send for publication in the journal a statement of the line of argument he took in proposing it. This he did in the following letter:—

SIR—At the meeting of the Lancashire and Cheshire Branch held here a few days ago, the amendment I brought forward in favor of perfect freedom of individual judgment, was rejected by a narrow majority. The excellent, but brief report of the meeting, did not and could not give the speeches delivered on the occasion, though some of them were extremely interesting.

I simply explained, that I had long felt, that all practitioners, as soon as they were duly qualified, were entitled to perfect freedom of thought and action, might freely use all such remedies as commended themselves, and might meet whoever could give them assistance in their art, and might avail themselves freely of all the discoveries, of whatever kind, the unknown future may bring forth; that absolute freedom of thought was the very breath of our nostrils. Also, that an association, founded for scientific and social purposes, degraded itself into a trades' union, or a Boycotting machine, when it hampered and harassed its members, by telling them what line of practice they were not to adopt, and what kind of practitioners they were not to meet.

I wish now to be permitted to expatiate a little more freely on this subject, and I will try not to be tedious. The question, then, to my mind, we have to consider is, not whether it is right or expedient to meet certain practitioners ourselves, but whether it is right for us to compel other not to meet them; to say to others, "You must not and shall not meet them, and you must not and shall not meet anyone else that meets them." "Must" and "shall" are words highly distasteful to the English mind.

And what is the penalty to be exacted for meeting these tabooed gentlemen? Expulsion from this Association, the only association that bands the profession together, and one which, looked at in its scientific and social aspects, commands our high respect, and with many of us, a much warmer feeling. It is difficult now to conceive how resolutions of so arbitrary a character could ever have been passed unanimously by our meetings. If some despotic monarch had commanded us not to meet these gentlemen, or for that matter, if he had commanded us to meet them (a thing not one whit more tyrannical), how we should have rebelled, or how servile we should have thought ourselves if we had submitted.

It may be said that we live in strange times, and that strange diseases demand strange remedies. But the times are always strange. There have been the days of Dr. Sangrado; there have been the grand times of Louis XIV., when the state of the profession afforded so delightful a field for Moliere to revel in. And here I must venture to give a translation I once made of a little scene from this writer's *L'Amour Medecin*, which sounds strangely familiar to medical ears.

A consultation of doctors is going on; each has already related what a long round of visits he has paid, and what distances into the country he has been; then M. Tomes says, "By-the-bye, now, what do you think of the quarrel between the two doctors, Theophraste and Artemius, for it is a matter on which the whole profession is divided?"

M. Defonandres: "For my part, I am for Artemius."

M. Tomes: "And so am I. Very true, his advice, as people say, may have killed the patient, and that of Theophraste may have been much better; still, the latter did wrong under the circumstances, and ought not to have had a different opinion from his senior. What say you?"

M. Defonandres: "I quite agree. Formalities must be observed, happen what may."

M. Tomes: "For my part, I am as strict as the deuce, unless it be among friends; and one day we had met, three others of us, with a strange physician, for a consultation, when I stopped the whole affair and would not allow an opinion to be given on the case if things were not done in order. The people in the house pressed us all they could, and the malady was very urgent, but I would not yield a bit, and the patient died bravely during the dispute."

M. Defonandres: "It is very right to teach people how to conduct themselves, and to bring them to a sense of their errors."

M. Tomes: "A man dead is but a man dead, and makes no matter; but a formality neglected does a notable mischief to the whole medical profession."

The public in those days, as in these, may have reasonably been puzzled with the formalities of the profession; and, while they laughed, it must still have been with an uncomfortable feeling that things were not altogether arranged for their benefit.

I have a strong opinion that the relations between the profession and the public can never be quite satisfactory until every practitioner has the free use of his own independent judgment as to whom he shall meet, and whom he shall decline to meet. He can then give, if he pleases, reasons that may commend themselves to people's common sense, and not be obliged to confess that he is simply obeying the dictum of others. But, independently of the question of expediency, every man's right to this measure of freedom is surely indefeasible.

My amendment, as your readers may know, was simply this: "That, in the opinion of this meeting, every member of the British Medical Association is entitled to the freest use of his own independent judgment in regard to the question of meeting gentlemen who practise homœopathy."

In conclusion, I willingly concede to the framers of the resolutions, that seem now so archaic, the merit of the best intentions, and of a perfervid zeal for the honor and dignity of a profession that happens, however, to be not altogether unable to stand without artificial buttresses.—I am, sir, yours obediently,

HENRY LOWNDES.

Liverpool, September 26th, 1881.

Other letters, exhibiting precisely the same kind of feeling, have appeared in the medical journals. Meanwhile the journal of the Association makes no sign, but the *Lancet* and the *Medical Press and Circular* are obviously much depressed at the outlook. The comments of the former on the Liverpool meeting are as follows:

"The ill-advised utterances of leading members of the profession at Ryde, following upon the line of action pursued by another leading member in the recent case of an 'illustrious invalid,' have already borne bad fruit. The Lancashire and Cheshire Branch of the British Medical Association has—by a very small majority, it is true, but substantially—refused to affirm the unwritten law of the profession, that the practitioners of scientific medicine shall not meet homœopaths in consultation. This is a grave decision, and one of the first questions which it suggests, after the regrettable episodes of the General Meeting at Ryde, is whether the profession is to understand that the British Medical Association, with its branches, is wholly given over to a libertine disregard of honor and consistency?"

In the teeth of such an expression of opinion on the part of the members of the Lancashire and Cheshire Branch, it further says: "If the British Medical Association is to be understood as sanctioning the contempt of moral obligation involved in the *pretended* consultation of ordinary practitioners of medicine with the professors of a 'system,' it will become a question whether those members of our cloth who retain their self-respect can continue members of the Association." Does the *Lancet* mean to suggest that men like Dr. Lowndes and Mr. Hakes, and those who supported them, have lost their 'self-respect'?"

On more than one occasion have the *Lancet* and *Medical Press* appealed to the Committee of the Council of the Association for a *pronunciamento* denouncing all professional intercourse between homœopathic and non-homœopathic practitioners, and repudiating the more liberal views uttered at Ryde; but the Council has met, and its members have separated without perpetrating such an act of stupidity, such an anachronism.

It is thus perfectly clear that the knell of intolerance has begun to toll. It has done so in obedience to increased knowledge. Knowledge of a subject and intolerance of its discussion are incompatibles. We desire that the existing knowledge of homœopathy should increase until we have not merely toleration of it, but its full and

complete appreciation. To this end it behooves us to use every means in our power. Our literature must be increased and more freely disseminated. Our school must be supported, and enquirers, as to what homœopathy is and how it is practiced, invited and encouraged to attend its lectures. We are glad to know that the classes this year are much more fully attended than they have been previously. The school forms a centre at which instruction is not only given by lecturing, but by replies to questions put by enquirers, and by assisting them to test homœopathy for themselves. Its organization is, as our readers will have learned from our last number, about to be revised. The tentative or experimental shape it received five years ago is about to be re-modelled, and to be so framed as to ensure its permanency. We trust that it will receive a full measure of support from all who are interested in extending a knowledge of homœopathy. Never before was an institution of the kind more necessary, never before did the one we have show more evident signs of being a success, or of being favorably regarded by those on whose behalf it has been instituted.

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### CONSULTATIONS WITH HOMŒOPATHS.

The Medical Record, of Nov. 19, says: The British medical man is not easily disturbed in the solid convictions that have been handed down to him, and he is particularly ready to resent any attempts to displace the established opinion of himself and his associates. The extreme ill-grace with which the most liberal overtures from the homœopaths in England have been met well illustrate this.

But during the past year there have been a number of occurrences which show that English medical men are being somewhat more disturbed than usual in their opinions; regarding this latter subject, they seem, indeed, to be actually changing them.

Dr. Quain, in his connection with Dr. Kidd, found support not only among the oldest and most eminent of London medical men, but he was defended by leading and representative journals. And now, despite the magnificent platitudes with which the *Lancet* lachrymosely discoursed upon the event, the profession in general has indorsed his conduct, while the Queen, it is said, will confer upon him the honor of knighthood.

The spontaneous and unconcerted utterances of Mr. Hutchinson and Dr. Bristowe, before the British Medical Association, furnish another evidence of a change of opinion upon this much-mooted subject of homœopathy. These gentlemen both expressed it as their deliberate opinion that the present antagonism toward homœopathic practitioners was unwise, and was also often ungenerous and unjust. While announcing this opinion, Dr. Bristowe showed

with unapproachable clearness that, as a scientific system of therapeutics, homœopathy can have no standing.

But now comes an additional blow to the conservatives, and a still more remarkable evidence of a change of heart in the British practitioner. The Lancashire and Cheshire branch of the British Medical Association recently refused to affirm the (in England) unwritten law of the profession that the practitioners of scientific medicine shall not meet homœopaths in consultation. The question is at once asked by the *Lancet*, "whether the members of this (the British Medical) Association are wholly given over to a libertine disregard of honor and consistency?" Whether the journal in question considers Mr. Jonathan Hutchinson and Dr. Bristowe as libertinous and dishonorable or not, we cannot say; but there must be something wrong in the logic which condemns these men, as well as a whole medical society, in so a sweeping manner.

It can be proved by abstract reasoning, no doubt, that a scientific practitioner and an old-fashioned homœopath have nothing in common. But it might be asked, if this is so, what is the necessity of forbidding by law the association of men who cannot associate. There is hardly need of regulations to enforce the impossible.

The broader principle seems to be, that educated, intelligent, and honorable medical men should be allowed to associate and consult, if they wish, whatever their special therapeutical views. But there may be a few like Dr. Quain, Dr. Bristowe, Mr. Hutchinson, and the members of the British Medical Association referred to, who do not think in this way.

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HOMŒOPATHY AND THE SO-CALLED REGULAR PROFESSION. (*Chicago Med. Review*).—The propriety of the present attitude of the profession in the United States toward Homœopathy, is questioned by Dr. Fordyce Baker, in a recent speech before the New York Academy of Medicine. He condemns "the narrow antagonism of the regular profession toward homœopathy," and claims "that were the unreasonable exclusiveness and opposition withdrawn, homœopathy would soon sink to its proper level." There is no denying that the ostracism of the homœopaths has caused the public to look upon them as liberals, persecuted by bigots, and this has given to them the popular sympathy and support. Dr. Barker's proposition would, if adopted, at once alienate the "pure" from the "mixed" homœopathists, and ally the latter class with the medical profession. This would tend to destroy the practice of homœopathic specialists, who would not be preferred by their brethren before the broader specialists of the regular profession, and thus the moral force of the whole class would be impaired. The "pure" homœopathists still holding themselves aloof from scientific medicine, would then lose that support which they now enjoy from its quite general adoption

on the part of their more intelligent colleagues. Then could pure homœopathy stand alone, when its followers might be able or might be honest, but could not be both.

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## CONTAGIOUS DISEASES.

SCARLET FEVER, DIPHTHERIA, SMALL-POX, TYPHUS FEVER, ETC.\*

*General Rules for their Prevention and Restriction. Issued by the Michigan State Board of Health.*

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1. AVOID the contagium or special cause of the disease. Do not take the breath of one sick. Unless you are needed to care for the sick, or are protected by having had the disease, or in case of small-pox by thorough vaccination, do not go near the sick person. Do not allow your lips to touch any food, cup, spoon, or anything else that the sick person has touched or that has been in the sick room. Do not wipe your face or hands with any cloth that has been near the sick person. Do not wear any clothing the sick person has worn, during, just before, or just after his sickness. Keep your hands free from discharges from the body or skin of the sick person. Do not touch him with sore or scratched hands. Particularly avoid inhaling or in any way receiving into the mouth or nose the branny scales that fall off or peel off from one recovering from, or apparently wholly recovered from scarlet fever.

2. RESTRICT the contagium or special cause of the disease. Isolate the sick. Separate those sick with any of these diseases, even if they are but mildly sick, from all persons except necessary attendants. A person sick with any of these diseases should not be permitted to suffer for want of care, food, or comfort; but all his wants should be attended to by adults, or by those who are protected by proper vaccination or by having had the disease. Children and those who are not thus protected, should be kept away from these diseases. Do not go from a sick room to a child or other unprotected person until after change of clothing, and thorough washing of hands, face, hair and beard. Always wash the hands thoroughly after any necessary handling of the sick person or of anything that has been in contact with the sick person. Keep those who have been exposed to any of these diseases away from schools,

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\*Consumption is now believed to be a communicable disease, therefore many of these rules are applicable for its prevention and restriction.

Whooping-cough is a communicable disease which, in Michigan, causes more deaths than does small-pox. Most of these rules, except perhaps those for disinfection of the discharges from the kidneys and bowels, are applicable for its prevention and restriction.

As regards small-pox, these rules are applicable whenever the disease occurs, but by vaccination and re-vaccination small-pox may be almost wholly prevented.

churches and other assemblies, and from all children until it is known whether they are infected,—and if they are found to be infected, isolate them till after complete recovery and thorough disinfection.

3. DESTROY the contagium or special cause of the disease,—

*a.* By thoroughly disinfecting or destroying whatever is removed from the person sick or from the sick-room. All discharges from the patient should be received into vessels containing a strong solution of sulphate of iron (copperas) and then, in cities, thrown into the water-closet; elsewhere they should be buried at least 100 feet distant from any well; or where this is impracticable they should be received on old cloths which should immediately be burned or disinfected and buried.

*b.* By thoroughly disinfecting the sick-room and its contents, after removal of the sick person whether by death or recovery.

DISINFECT as follows: Burn whatever has been in contact with the sick person and is not too valuable to burn. Garments, sheets, blankets, etc., that will not be injured by bleaching, should be boiled for half an hour in a zinc-solution made by dissolving zinc sulphate and common salt in water in the proportion of four ounces of the zinc sulphate and two ounces of common salt to one gallon of water. Hang up and loosely spread out clothing, bedding, etc., that cannot be boiled in the zinc-solution, or spread it loosely over chairs in the sick-room, leaving the bedstead and other furniture in the room. Close all openings to the room very tight. For a room ten feet square place two pounds of sulphur in an iron pot or pan supported on bricks. Set the sulphur on fire with live coal or with a spoonful of alcohol lighted by a match. Be careful not to breath the sulphurous fumes. Leave the room tightly closed for several hours, then air it thoroughly. For a large room use a proportionally larger quantity of sulphur at the rate of two pounds for each 1,000 cubic feet of air-space, and try to burn as much as possible of the sulphur used.

4. Keep your house and premises and everything connected therewith clean, but remember that *the contagium of these diseases may attach to the cleanest article* of clothing, food, drink, book, or paper if it is exposed thereto.

The law requires householders and physicians to notify the local board of health of the first case and of every case of these diseases.

When the death of a person who has died from scarlet fever, diphtheria, or small-pox is announced in print, the notice should state the cause as “from scarlet fever,” diphtheria, or small-pox, as the case may be, to prevent attendance at the funeral, or visits to the house by persons liable to take the disease.

## Practice of Medicine.

C. P. HART, M. D., WYOMING, OHIO, EDITOR.

### TUMORS.

Tumors of the air-passages may be divided into two general classes, malignant and non-malignant. The former consist of carcinomata and sarcomata; the latter, of papillomata, fibromata, myxomata, angioniata, lipomata, and cystic tumors.

#### 1.—MALIGNANT TUMORS.

Under this head we include both carcinoma and sarcoma, though the latter is of a semi-malignant, instead of a malignant nature.

(1.) CANCER.—Cancer may attack any portion and tissue of the air-passages, but is mostly confined to the pharynx, larynx and trachea; the tongue and tonsils are more rarely affected by cancerous degeneration. Cancer of the *tongue* has already been described under the head of oral affections (q. v.). Cancer of the *tonsils* is usually of the encephaloid variety, and is most commonly met with in the male sex. The disease may attack one or both tonsils, and may be either primary or secondary. It first assumes the form of a tumor imbedded in the substance of a gland, at which stage it is liable to be mistaken for chronic induration and hypertrophy; but after ulceration has set in, there is little difficulty in arriving at a correct opinion. Moreover, hypertrophy of the tonsils generally sets in during childhood, and is seldom met with after middle age; whereas, cancer rarely occurs before the period of adult life, and then progresses rapidly to a fatal termination.

Cancer of the *pharynx* may originate in the tonsils or in the pharyngeal walls. In the latter case, the disease usually attacks the lower portion of the posterior wall of the pharynx, in the vicinity of the œsophagus, and is generally included under the head of cancer of the œsophagus. As the disease progresses, it passes round the sides of the pharyngeal cavity, until it invades the larynx. When

seated in this region, the symptoms are nearly the same as in cancer of the œsophagus, there being more or less *difficulty*, but little or no *pain*, in swallowing. Consequently, as remarked by Mackenzie, the patient takes more food, and lives longer, and more time is allowed for the development of the characteristic cancerous cachexia. Death, however, is generally caused by starvation, but sometimes by hemorrhage from a perforated vessel. The disease in the superior pharyngeal region, is usually of the scirrhus variety; and as the malady progresses, the induration gradually extends over the pharynx, until, in some cases, even the veil of the palate and the posterior nares are reached. At length ulceration sets in, accompanied with fetid exudations, and at a later period numerous fungous growths make their appearance. When the disease originates in the inferior portion of the pharynx, which is by far the most common situation, it is generally of an epitheliomatous character, and usually begins just below the level of the arytenoid cartilages. Sometimes it commences in the thyroid fossa, but in both cases it soon spreads to the larynx, causing much swelling of the tissues, followed by ulceration and death.

But the most important, if not the most frequent seat of cancer, is the *larynx*. In this, as in the other localities mentioned, it may not only develop primarily, but also secondarily by extension from other parts. Owing to its comparative frequency and importance in this situation, we shall treat of it under the usual heads.

ETIOLOGY.—The true cause of cancer is still unknown; but its comparative frequency in the larynx would seem to be due, in a measure at least, to the constant functional activity of that organ. Bosworth states, that out of five hundred laryngeal tumors, he found one hundred of a malignant character. Age seems to be an important factor in the etiology of cancer, as the great majority of cases occur in advanced life, or between the ages of fifty and seventy years. Sex, also, appears to have considerable influence, the ratio of males to females being nearly as four to one. Heredity exerts a controlling influence in most cases, but sometimes the malady appears to result from traumatic or other causes. In short, cancer of the larynx offers no exception to the general laws of morbid development, as exhibited in other organs of the body.

SYMPTOMS.—At first the symptoms are somewhat obscure.

More or less pain, dyspnœa and dysphagia are generally present, but these symptoms offer nothing distinctive until after the disease has made considerable progress. The pain is at first limited to the region of the larynx, and it is not until ulceration sets in that it acquires a distinctive character, by radiating to more remote parts. The pain then shoots to the ears, orbit and forehead, and is sometimes, though rarely, felt in the cervical and submaxillary glands. The voice is soon altered, becoming deep and hoarse at an early period; but, although the alterations are progressive, and correspond for the most part to the development of organic changes in the larynx, the voice is seldom entirely lost, as it is in tuberculous disease of the organ. Dysphagia is a prominent symptom, but, unless the posterior wall of the larynx is involved, generally offers no inseparable obstacle to deglutition. This is especially true if the disease is of the epithelial variety; but if the tumor is of the scirrhus or encephaloid sort, the difficulty of deglutition may become so great as to render the swallowing of solids impossible. Dyspnœa may also be a troublesome symptom, especially if the cavity of the larynx is much encroached upon. But the functional symptoms vary very much in different cases, and unless confirmed by laryngoscopic evidence, are of but little use in settling the diagnosis. The objective symptoms, on the other hand, are sufficiently characteristic. As soon as ulceration sets in, there is more or less fetor of the breath, and this alone frequently serves to indicate the nature of the affection. As the ulcerative process advances, hemorrhage is liable to occur, from the opening of one or more small vessels. At a more advanced stage of the malady, the glands of the neck become enlarged from secondary infiltration, presenting that hard, dense feel characteristic of malignant disease. The cancerous cachexia does not manifest itself as early, nor to as great a degree, as in other organs, probably because, as pointed out by Mackenzie, the connection of the lymphatics with the glandular system is not nearly so free as in the pharynx and other parts.

**LARYNGOSCOPIC SYMPTOMS.**—The laryngoscopic image varies according to the kind, seat and stage of the affection. In the majority of cases, the disease springs from one of the ventricular bands; next in frequency the epiglottis and vocal cords are affected. If the disease belongs to the encephaloid variety, the tumor is nodulated,

ulcerates early, and takes on a fungous appearance, the vegetations springing from the ulcerated surface, while the surrounding mucous membrane is but slowly encroached upon by the growing tumor. In epithelioma, on the other hand, these processes are reversed; that is, the vegetations spring up about the margins of the ulcer, instead of from its surface, and thus increase its tendency to spread. But it is often extremely difficult to distinguish malignant growths of the larynx from benign tumors, especially in the earlier stages, even by the aid of the laryngoscope, and the diagnosis will generally need to be confirmed by the subjective symptoms, as well as by the clinical history of the case.

(2.) SARCOMATA.—This class of malignant growths is of rare occurrence in the air-passages. They are characterized by a diversity of cell-elements, which vary greatly in size and form, being round, spindle-shaped or myeloid, connected by intercellular tissue, and supplied with numerous blood-vessels. They vary in malignancy, the round-cell sarcoma being the most, and the myeloid, the least malignant of all. They are sub-mucous, springing from the perichondrium, or from the deep layers of the mucous membrane, and, although less malignant than cancerous growths, spread, as a rule, more rapidly. They vary greatly in form, some presenting a rounded, smooth outline, others a more diffused, irregular appearance.

TREATMENT.—The treatment of malignant tumors is either palliative or radical. The palliative treatment consists (1) in spraying the diseased surface with some cleansing or disinfecting substance, such as diluted carbolic, acetic, salicylic or sulphurous acid, solutions of sulpho-carbolate of zinc, permanganate of potash, salicylate of soda, chloride of lime or soda, etc.; (2) the application to the ulcerated surface of the salts of hydrastia, iodoform, extract of belladonna, conium, etc., properly diluted; and (3) the internal administration of sarsaparilla, galium aparina, cundurango, and such other remedies as the constitutional condition, and the exigencies of the case, may seem to require.

The radical treatment consists in the removal of the tumors by the endo-laryngeal method, by thyrotomy, and by extirpation of the larynx. Now, when we consider that the death of the patient is only a matter of time, that the endo-laryngeal method gives only temporary relief, that, with one exception, extirpation of the larynx

has resulted in prolonging life only a few months at most, while in several cases death has ensued in a few days after the operation—I say, considering the temporary and unsatisfactory character of the results hitherto attending operative procedures in these cases, we may well question whether what is called the palliative treatment is not the only kind called for, or even justified, in this class of maladies. Certain it is, that any surgical interference with malignant tumors, short of complete extirpation, will be attended with the danger of exciting renewed activity in the morbid growth, as the history of such operations abundantly proves. Nor does the operation of removal, by extirpation of the larynx, though pronounced “the most brilliant operation of the age,” offer anything more hopeful; for, “of the sixteen cases of carcinoma operated on, seven died as the result of the operation, one died at the end of six weeks, from an accident, seven succumbed to a recurrence of the original disease, at periods varying from four to ten months after the operation, while in only one case was the operation really successful.” (*Bosworth.*) As for prolonging life, the operations of thyrotomy and tracheotomy are not only equally successful, but much simpler, and far less dangerous. Tracheotomy should, as a general rule, be resorted to as soon as dyspnœa sets in.

## 2.—NON-MALIGNANT TUMORS.

Tumors of the nasal cavity have already been considered under the head of polypus of the nose (q. v.). Benign tumors of the pharynx include nearly every known variety, and are sometimes of a very large size. Some are pedunculated and some are sessile; some are smooth and globular in form, and some are lobulated and resemble nasal polypi. As they differ in no essential respect from similar tumors of the larynx, we shall find it most convenient to consider them under one and the same head.

VARIETIES.—*Papillomata* are usually about the size of a split pea, though they sometimes attain the size of a walnut. They are generally sessile, are frequently multiple, and sometimes occur symmetrically. They vary in color from a white to a pink, or even bright red. They are analogous to warty growths on the skin, and are far the most common form of tumors met with in the air-passages. They generally spring from one or both of the vocal cords; but are

sometimes found on the epiglottis and the commissure of the arytenoids.

*Fibromata* vary in size according to situation. In the larynx they are generally about the size of a split pea, but in the pharynx their diameter is frequently much greater. They are generally of a smooth, roundish form, but sometimes they are rough, irregular and lobulated. They consist of dense fibrous tissue, the fibres interlacing in every direction. They spring from the submucous tissue, and are commonly seated upon the vocal cords or the epiglottis. They are usually of a rather bright red color, and generally single.

*Myxomata* are very rare, having been met with in the larynx but twice. They are composed chiefly of mucous tissue, are more or less transparent, and of a bright pink color.

*Lipomata*, though common enough in the pharynx, are of extremely rare occurrence in the larynx. A case is recorded in which a fatty tumor, springing from the pharynx and epiglottis, hung down nearly ten inches into the œsophagus. According to MacKenzie, the only case on record in the larynx was bilobate, of a yellowish white color, and had a membranous pedicle, which appeared to project from the whole length of the ventricle.

*Angiomata* are also extremely rare. They consist of a congeries of blood-vessels, held together by loose connective tissue. They are of a bluish or purplish color, and in size and appearance are not unlike ordinary blackberries.

*Cystic tumors* are small cysts filled with fluid or semi-fluid material. They are frequently attached to the epiglottis, and sometimes spring from the ventricle of the larynx. Like all cystic tumors, they are round and smooth, of slow growth, and have a reddish appearance.

**SYMPTOMS.**—The symptoms that mark the existence of morbid growths in the air-passages, are chiefly of a mechanical character, and depend upon the size, nature and location of the neoplasm. If the tumor is attached to the vocal cords, the voice is more or less affected, being either lost or greatly impaired. If it springs from the pharynx or epiglottis, it is apt to produce dysphagia. Large growths, wherever situated, are likely to cause dyspnœa, sometimes extreme. But the subjective symptoms alone are not to be depended on as a means of determining the diagnosis, though they may be

sufficiently characteristic to render the existence of tumors highly probable. For example, the voice has been found to be impaired in over ninety per cent. of all cases, and in more than half of them it was entirely lost. A singular fact, noticed by Czermak, is, that a small tumor in the larynx generally interferes more with vocalization than a large one. Growths on or below the vocal cords almost always impair the voice, and often produce aphonia, while those situated above the cords, or on the epiglottis, seldom affect it, unless they are of very large size. Dyspnœa occurs in about one-third of the whole number of cases, and, next to ocular evidence, is the most characteristic symptom. When the growth is large and pendulous, the dyspnœa sometimes sets in suddenly, and with great intensity, in consequence of the tumor accidentally swinging over into the laryngeal opening and occluding the glottis. Neither cough nor pain are very common or very prominent symptoms, though the former is occasionally very severe, and in children is apt to be of a croupy character. Dysphagia is most apt to occur when the tumor is large, and situated either in the pharynx or on the epiglottis. It is sometimes met with, however, when the tumor springs from the arytenoid cartilages:

But in most cases the laryngeal mirror furnishes the only conclusive evidence of the existence of morbid growths in the air-passages; and, what is frequently of far greater importance, it enables us to determine with precision their size, shape, location, and often their exact nature. The vocal cords are found to be affected in more than seventy-five per cent of all cases. A small growth, called by Türck *chorditis tuberosa*, is frequently developed in this situation, about midway between the vocal process and its anterior attachment, and owes its discovery to the laryngoscope. It consists of a minute, rounded, sessile projection, which is most distinctly seen in profile. It is of a grayish color, surrounded by a hyperæmic area, develops very slowly, and, although it seldom attains the size of a pin's head, gives rise to more or less hoarseness or aphonia. This will serve to illustrate the great value of laryngoscopy, as a means of diagnosis in diseases of the larynx.

TREATMENT.—While we are free to admit that operative measures are generally necessary for the extirpation of morbid growths in the air-passages, we are convinced that their removal by

mechanical means is not always required; and with the view of impressing this fact more forcibly upon the mind of the reader, we will introduce an interesting case which recently occurred in our practice. It shows the importance of giving the first place to general treatment, which may not only effect their removal, but overcome the constitutional condition that produces them. We trust, therefore, that, notwithstanding its length, we shall be pardoned for giving the history of the case in full.

"On the morning of Sept. 6th, 1879, I received a telegram from Mr. F——, of Dayton, stating that his sister, Mrs. L——, had been suddenly seized the night before with great difficulty of breathing, and as she had not been able to obtain any relief from the remedies usually prescribed in such cases, he wished me to see her as soon as possible. I found the patient, a widow lady of about 45 years of age, propped up in bed, with red and bloated face, labored breathing, short, paroxysmal, choking cough, and evidently laboring under some mechanical obstruction of the larynx. Both the pulse and the temperature were but slightly elevated, and as there was no soreness of the throat, or any form of acute inflammation complained of, I was at first considerably puzzled; but, on making a laryngoscopic examination, which was attended with some difficulty, I discovered three enlarged muciparous glands upon the posterior margin of the aryteno-epiglottidean fold, in front of the left arytenoid cartilage, which were so closely aggregated as to form a tumor of the size of a split pea. (*Papilloma?*)

As I was many miles from home and unable to make a protracted visit, I was extremely anxious to make, if possible, a "centre shot" at the first fire. Before prescribing, therefore, I adopted Hahnemann's method, and noted down systematically every symptom of ill health that could be obtained. I found that since the birth of her first child, a period of seventeen years, she had, to use her own words, constantly suffered from pain in the back, especially in the upper dorsal region, which she said was never absent. She also suffered from what she called a "smothered feeling" in the chest, worse just before the appearance of the menses, which were scant and painful. Notwithstanding the congested appearance of the face, it was easy to perceive that the patient was anæmic, low-spirited and extremely nervous. The extremities were generally cold, appetite poor, tongue coated white, bowels constipated or irregular, dull aching pain in the back of the head, and frequent attacks of palpitation of the heart. The last two symptoms, though frequently occurring at other times, were sure to appear every two weeks, reckoning from the menstrual period, which occurred every four weeks, but, as already stated, was attended with a scant and painful discharge. During the intermenstrual period the patient was annoyed with a yellowish leucorrhœa, sufficiently copious to soil the linen, and with a distressing pruritus of the vulva, which neither carbolic acid lotion nor any other local remedy would allay. In addition to these symptoms there were more or less heat and soreness in the region of the uterus, though the latter was not very marked. It was evident from these symptoms that the patient, in addition to the laryngeal trouble, was suffering (and had been for many years) from some form of inflammation of the womb, and had the occasion been a more favorable one for the purpose, I should have endeavored to individualize the case more closely by making a vaginal examination. As it was, I was compelled to prescribe from the knowledge already obtained, and with my previous experience to aid me in the selection, I concluded to give *Sepia* 30 every half hour until the patient's breathing should be so far relieved as to permit of her lying down, then less and less frequently,

p. r. n. Next day I received a letter, stating that after the middle of the preceding night her breathing had so far improved that she could assume the horizontal position without any inconvenience, though the cough still remained troublesome. I directed the remedy to be given only once in four hours, and to report the next day. The next report was still more favorable, so far as the respiratory symptoms were concerned, but I was requested to see her again in consequence of an aggravation of some of the other symptoms, which may properly be denominated uterine.

At this second visit the laryngoscope exhibited nothing abnormal, except a slight fullness and vascularity of the affected portion of the aryteno-epiglottidean fold; but a vaginal examination showed a highly congested, hypertrophied, ulcerated and *nodulated* state of the cervix uteri, especially of the posterior lip, and upon pressing one of the blades of the speculum upon the neck, there issued from the os several drops of yellow purulent matter. I now saw, what I had before strongly suspected, that I had to do with a severe case of chronic endocervicitis, and what was still more, and very peculiar, that it was complicated with a condition of the cervix, apparently similar to that which had attacked the larynx. Attributing the aggravation of the uterine symptoms chiefly to the action of the remedy, I determined to let the patient rest a week or two on *Saccharum lactis*, and then to administer the same remedy again in a higher form. Accordingly, the patient was directed to take a powder of *Sacch. lac.* every morning and evening, and to report every two or three days. Under this course everything progressed favorably for the next ten days or so, at which time the patient expressed herself feeling better than she had felt before for years. On September 25th I made another examination, and found less swelling and hardness, but the nodulated appearance of the cervix was still more marked, which I attributed, not to an aggravation of this condition, but to being thrown more into relief by a shrinkage of the internodular tissues. The discharge and pruritus were but little, if any, diminished. I now prescribed *Sepia* 200 every night at bedtime. It would lengthen this paper unnecessarily to give the subsequent history of the case. Suffice it to say that this was the last and only change made in the prescription until a complete cure was effected, though the remedy had to be continued, in an interrupted manner, for a period of over nine months. First the nodulated condition of the cervix gave way, then the dorsal and lumbar pains disappeared, and at last the leucorrhœal discharge, after gradually diminishing, until it ceased in the intermenstrual period only, finally disappeared altogether, and with it the terrible pruritus which had harassed the patient for so many years. In the meantime the pallor of anæmia has given place to the rosy hue of health, the languid step has become elastic, the countenance cheerful and expressive, and, as the patient happily expresses it, she has renewed her youth.—*Hart*.

OPERATIVE MEASURES.—Notwithstanding the difficulty experienced in carrying a simple loop of wire round a laryngeal growth, many prefer to operate in this manner. For this purpose, Gibb's instrument (Pl. VI., Fig. 5) is one of the best. It consists of a carrier for the wire, properly curved to enter the larynx, and provided with a ringed handle and a sliding cross-piece, against which the first two fingers rest. The wire is first passed through two holes at the end of the carrier, then along its groove and through the holes in the cross-piece, and after allowing for the loop at the end, is firmly fixed by two or three turns round the cross-piece.

After carefully introducing the instrument by aid of the mirror, the loop is thrown over the polypus, close to its base, and the noose is tightened by steady pressure on the cross-piece with the fingers. After division, the tumor is withdrawn in the noose of the instrument.

One of the greatest difficulties encountered in the application of the loop, is its liability to be bent out of shape by accidental contact with other parts, or by spasmodic contraction of the larynx, which, in spite of the most careful manipulation, will sometimes occur. To overcome this difficulty, Stoerk invented his guarded wire-loop *ecraseur*, (Pl. VI., Fig. 3,) in which the flexible loop is protected by a metal rim. It has the additional advantage, also, of permitting a very small wire to be used, whereby the growth is more easily cut through. The carrier, which in this instrument is secured to the handle by means of a socket and screw, may be readily set at any required angle.

Stoerk's guillotine so closely resembles his wire-loop *ecraseur*, that the same figure will do for both. (Pl. VI., Fig. 3.) The chief difference between them is, that in place of a flexible loop, a fenestrated blade, cutting at three surfaces, is substituted. This instrument is best adapted for the removal of fibrous growths, where considerable force is required to effect their separation.

Scissors are often the handiest instruments for the removal of foreign growths, when accessible, and of these I know of none more suitable than Heywood Smith's (Pl. VI., Fig. 1), the blades of which can be made to operate at any required angle. They are especially adapted to growths situated in the nares and fauces.

Forceps are in frequent demand about the nose and throat, not only for the removal of morbid growths, such as polypi, but of foreign bodies accidentally lodged in those parts, such as buttons, coins, needles, pins, fish-bones, and the like. The best forceps for general use in the upper air-passages are Cusco's double-jointed swan-bill forceps, figured in Pl. VI., Fig. 6. Owing to the double-joint, the jaws of the instrument can be fully opened without materially enlarging the curve, which is a matter of great importance in operating in such narrow passages. The grasping surfaces are roughened and fenestrated, so as to firmly grasp objects of every shape and nature. They should be introduced into the mouth closed, and when they have been passed nearly down to the foreign body, the jaws should be widely opened, so as to grasp the object fully, then firmly closed upon it and carefully withdrawn.

Owing to the great nervousness of most patients, and the natural tendency to gag whenever any attempt is made to introduce a tearing or cutting instrument into the throat, and especially into the

larynx, it is necessary before attempting to operate to accustom the patient to the requisite manipulations; and for this purpose, it is advisable to make frequent insertions of the instrument intended to be used in the operation. When the requisite tolerance is acquired, there is usually but little difficulty in performing the operation; as it is then simply necessary to guide the point of the instrument to the base of the tumor, by means of the mirror held in the left hand, while the patient protrudes his tongue and holds it between the thumb and fingers of his right hand. But in many cases it will be found that no amount of training will secure the requisite tolerance, and the operator will be obliged to depend upon his own special skill and experience. Having by repeated examinations and estimates determined the exact size, location and attachments of the tumor, and having acquired by frequent practice upon the patient or manikin the requisite dexterity in introducing the instrument, the operator by a quick and skillful movement seizes the tumor and removes it, before the patient is fully aware of his intention. To do this he is sometimes obliged to dispense with the mirror, and to be guided only by the knowledge previously obtained. Of course, such a method of operating, while it requires the greatest skill on the part of the surgeon, is to a certain extent both unscientific and uncertain, but it is the only endo-laryngeal method practicable in some cases, and when sufficient care is exercised, is often attended with the happiest results. The practitioner should remember, however, that the only safe rule to follow is, to study carefully the exact position, size and character of the growth, estimate accurately the precise distance and direction which the point of the instrument must take to reach the tumor, and then carry it quickly to its base, seize it as rapidly as possible, and remove it.

THYROTOMY.—On account of the serious dangers attending the extra-laryngeal method of removing tumors, we do not recommend it to the general practitioner, but relegate it wholly to the specialist, who alone should incur the risk and responsibility attending such severe operations. Mackenzie gives statistics showing the comparative merits of *thyrotomy*, from which it appears that less than fifteen per cent. of the cases are attended with success, over eight per cent. with death, forty per cent. with aphonia, and nearly eighty per cent. with some impairment of the voice. Moreover, the danger from hemorrhage attending the operation is very great. In one case, Faurel "was obliged to apply thirty-eight ligatures, though tracheotomy had been performed a month previously, and the patient wore the canula during the time the thyrotomy was undertaken." Besides these formidable dangers, thyrotomy gives more recurrences than cures, while the endo-laryngeal method shows twice as many cures as recurrences. No practitioner, therefore, need hesitate as to which method the preference should be given in all practicable cases.

## Book Notices, Reviews, etc.

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E. A. LODGE, SEN'R., M. D., DETROIT, MICHIGAN, EDITOR.

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Any book noticed in these pages will be mailed from AMERICAN OBSERVER office free of postage upon receipt of price, *less 10 per cent. discount.*

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*THE PROBLEM OF HUMAN LIFE, embracing the Evolution of Sound and Evolution Evolved, with a review of the six great modern scientists Darwin, Huxley, Tyndall, Haeckel, Helmholtz and Mayer. Revised Edition. By A. Wilford Hall. New York, Hall & Co., 26 East 9th St. 1880. Price, \$2.*

The author is a vigorous writer, an earnest debater, and a most positive teacher. He attacks the errors of unconsciousness in death, annihilation, evolution, spontaneous generation, etc., etc., by meeting each position of those he opposes with fair and forcible arguments, and frequently turning the guns of the errorists against themselves.

Some of the author's statements are startling and incredible. For instance, he says (p. 56), that "God is an intelligent, powerful, acting, speaking being. Christ was the express image of His person. His word is Himself. He is substantial because His word became flesh and dwelt among us. If this word could become *flesh*, it could become *wood*, or *rock*, or *iron* as well." Hence, he assumes that God did not make all things out of nothing, but condensed them out of his own all-pervading substance.

Because of such teaching he has been accused of pantheism, yet there certainly is a difference between a belief like that of the author, a personal God creating nature out of his own substance, and the pantheist's conception of there being no personal Deity, and no God apart from nature.

But the author's position, as above stated, is not clear or satisfactory. If God is substance because he became incarnate, then he was not substance before his advent. Then, why should it follow,

*NORTH-AMERICAN REVIEW.*

The editor and proprietor announces that the Review will be hereafter published at No. 30 Lafayette place, and will appear under its own imprint. He states that he has found it impossible to conduct the publication in the spirit of the motto adopted by its founders, making it a forum of independent thought, and extending, at his discretion, the hospitality of its pages to thinkers and scholars of all creeds and forms of belief, and at the same time to maintain relations with a publishing house having extensive school-book and other interests of its own to promote. This change of imprint will involve no alteration whatever in the organization or service of the Review.

*THE HOMŒOPATHIC PHYSICIAN.*

The Sept. No. closes with this choice morsel:

“CHANGE OF HEART. We are glad to see that the *American Observer* has experienced a change of heart. In its July issue, instead of abusing pure homœopathy, as has been its habit, it reviews the Revised New Testament. Doubtless a *new* book to them.”

Who does the *them* refer to. If to the OBSERVER why not say *it* instead of *them*. If the editor of the Homœopathic Physician refers to the General Editor of this Journal why did he not say “him?”

We supposed that the *revised* New Testament was new to all readers as it only bears the imprint of 1881. And we are ready to confess that although we have been a student of the *old* revision for a long period it is still a *new* and fresh book. Our acquaintance with it enabled us to put the ineffaceable brand of phariseeism upon the Homœopathic Physician’s swallowing of Syphilinum (the matter of the venereal ulcer) as a *pure* homœopathic remedy, and the denunciation of the practice of nineteen-twentieths of our physicians as *mongrelism*! Straining out a gnat and swallowing a camel.

“Ye blind guides who strain out a gnat and swallow a camel.”  
—Matt. xxiii, 24, revised version.

We have not uttered a sentence in abuse of PURE homœopathy, but we, as well as the homœopathic profession have severe and just censure for pharisaic pretensions, hollow shams, potentized moonshine, water washings, and isopathic frauds.

E. A. L.

*LECTURES, CLINICAL AND DIDACTIC, ON THE DISEASES OF WOMEN*, by R. Ludlam, M. D., Professor of the Medical and Surgical Diseases of Women in the Hahnemann Medical College and Hospital of Chicago, etc. 5th edition, revised, enlarged and illustrated. Chicago, Duncan Bros. 1881.

This comes in a handsome volume of 1029 pages. We understand that 500 copies of this fifth edition were issued a few weeks ago and that already another edition is called for, and probably 5,000 will be required to meet the demand that will be made for it. This shows how much the labors of the author are valued by the homœopathic profession. All our journals commend the work with the exception of the *Homœopathic Physician*. This Journal, in its Sept. issue accuses Prof. L. of "ignorance of homœopathy" and says the work "displays rather the character of a compilation than the stamp of originality," expresses the regret that Dr. L. "has so entirely ignored homœopathy and its remedies for the useless expedients of allopathy. His work can in no sense be called homœopathic. \* \* \* As an allopathic work it cannot rank with those of Thomas or Emmet; as a homœopathic work, it is immensely inferior to Jahr or Guernsey." What is the meaning of this wholesale condemnation and ill natured criticism? Is it that the *Homœopathic Physician* is the only Journal capable of correctly judging the book? Why do the profession generally endorse the book if it is so unworthy? The answer will doubtless be given by many that the *Homœopathic Physician* does not represent the homœopathic physicians of either America or England. It may represent a twentieth part of the practitioners of homœopathy, but it is a species of unwarrantable impertinence for these few to pretend to be homœopaths pure and intelligent, and Prof. Ludlam and ninety-five per cent. of our practitioners as "mongrels" and "ignorant."

The simple truth regarding Prof. Ludlam's book is that the first edition was highly valued on account of its originality and intrinsic excellence, and each succeeding edition has been enriched by additional practical notes, references and illustrations. The author's style is clear and refined, and its recommendations of treatment those which have been found of value in a very large practice in Gynæcology in the city of Chicago for over twenty years. E. A. L.

*TRANSACTIONS OF THE THIRTY-FOURTH SESSION of the American Institute of Homœopathy. 38th Anniversary. Pittsburgh, Pa., Jos. Eichbaum & Co.*

Credit should be accorded to the worthy General Secretary for the prompt issue of the proceedings of the meeting held at Brigh-to Beach, N. Y., last June. An improvement on the old delay of nearly a year. Another good change is the binding in cloth instead of board and paper covers. Last but not least the abandonment of the old system of double paging.

On the second page is President Dowling's definition of a regular physician:

"A regular physician, a graduate of a regularly chartered medical college. The term also applies to a person practicing the healing art in accordance with the laws of the country in which he resides."

To this definition very grave objections will be made.

Here is an insurance agent who does not pretend to be even a medical student, who goes to a so-called medical college, attends a few lectures, gets a diploma, is then elected professor! All within a year. Regular according to the definition of Prof. D. but in fact grossly irregular and dishonest.

Some distinction should be made between those who have obtained their degrees by regular studies, full courses of attendance upon lectures, and graduation after examination, and those who parade degrees obtained without attendance upon lectures and without examination, or by purchase.

*THE PRACTITIONER'S HAND BOOK OF TREATMENT, or the Principles of Therapeutics. By J. Milner Fothergill, M. D. Second American from second English edition. Philadelphia, Henry C. Lea's Son & Co. 1881.*

This work being put away by inadvertance among books already noticed has escaped attention hitherto.

The first edition was a fine volume of 575 pages; this has been increased by 72 pages of additional reading. The popularity of the work is shown by the rapid sale of the first issue. Many important matters have been inserted in the second edition that were not found in the first. The author's design is an original attempt to ex-

plain the *rationale* of therapeutic measures. He presents first the physiology of each topic, then reviews the pathology, next considers the action of remedies and further their practical application.

Physicians of our school will not adopt his prescriptions but will find a large amount of true teaching throughout the work.

*THE OPIUM HABIT AND ALCOHOLISM, a treatise on the habits of Opium and its compounds: Alcohol; Chloral hydrate; Chloroform; Bromide Potassium; and Cannabis indica, including their Therapeutic indications and suggestions for treating various painful complications by Dr. Fred. Heman Hubbard. A. S. Barnes & Co., New York. 266 pp. 12mo cloth. \$2.*

This manual is designed for popular use, and is the only one that we are aware of, treating of these topics for unprofessional readers. Considering the fearful increase of the most destructive habits of opium eating, and the use of other narcotics and stimulants, we may welcome any efforts at prevention and cure.

#### *IN MEMORIAM—GARFIELD.*

Colonel A. F. Rockwell is writing reminiscences of the closing scenes of President Garfield's Life for A. S. Barnes & Co., to be incorporated in future editions of their *In Memoriam—Garfield*, by Maj. J. M. Bundy, Editor of the New York Evening Mail. It will be furnished separately (for those who have already purchased Major Bundy's book) or bound in the book. This addition still further increases the value of Bundy's Garfield and makes it altogether the most desirable, as well as cheapest, biography in the market. Mrs. Garfield's biography of which Col. Rockwell is the Editor in charge, will not be published for several years. Meantime every one ought to obtain Bundy's book. Price, complete, \$1.25.

*LECTURES ON ELECTRICITY, etc., by A. D. Rockwell, A. M., M. D. New York, Wm. Wood & Co.*

The first edition being exhausted, the author has prepared a second with many additions. These include descriptions of the galvanic accumulator for storing electricity for surgical uses; the induction balance for locating the position of bullets, and the lecture on Franklinic electricity.

*A TREATISE ON FOOD AND DIETETICS physiologically and therapeutically considered by F. W. Pavy, M. D., F. R. S., etc. New York, William Wood & Co. 1881.*

Another issue of Wood's Library for this year, worthy of a place with its predecessors.

Food and Dietetics should receive much more attention by physicians than they usually give. The present volume will doubtless be of much service in enabling practitioners who have hitherto neglected the subjects treated of to become thoroughly conversant with sound principles and practical procedures.

*GENERAL MEDICAL CHEMISTRY for the use of Practitioners of Medicine by R. A. Witthaus, A. M., M. D. New York, William Wood & Co. 1881.*

The author has condensed the portions treating of technical processes while the applications to physiology, hygiene, therapeutics and toxicology have received full attention.

A valuable contribution to the Library of Standard Medical Authors issued by William Wood & Co.

*A TREATISE ON ALBUMINURIA, by W. Howship Dickinson, M. D., Cantab, Fellow Royal Coll. of Phys., etc., etc. Second Edition. New York, Wm. Wood & Co.*

This is the second edition of a very complete treatise on Albuminuria and makes a valuable addition to Wm. Wood & Co.'s Library of Standard Authors for 1881. This volume, embellished with eleven colored lithographs, and thirty-one excellent wood engravings.

The author has written three works upon Diseases of the Kidneys and Urinary Derangements." The present volume is one of the most complete upon Albuminuria. Physicians in active practice are always helped by having in their libraries monographs on special diseases.

*STUDENTS' MANUAL OF VENEREAL DISEASES, Second edition. Wm. Wood & Co.*

This is one of the ten-cent series of Mr. William Wood & Co. A neat pamphlet of 62 pp., containing a concise description of venereal disease. It has been made up of the summaries at the end of the chapters of the larger work on Syphilis by the authors, Drs. Berkley Hill and Arthur Cooper of London, England.

## Clinical Observations.

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H. W. TAYLOR, M. D., TERRA HAUTE, IND., EDITOR.

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### HYPERTROPHIC LARYNGITIS.

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A CASE BY W. R. MCLAREN, M. D., DETROIT.

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This implies thickening of the mucous membrane and more particularly involves the arytenoid and the ary-epiglottidean fold. The mobility of the larynx and its beautiful mechanism is seriously interfered with, and as a direct consequence there is alteration of the sounds of the voice. When the hypertrophy is sufficient to prevent approximation of the arytenoids the voice will be hoarse, hollow and finally complete aphonia. When the epiglottis becomes more or less oedematous, we have in addition dysphonia, aphonia and dyspnœa.

Laryngoscopists are for the most part agreed as to the successful treatment of this form of laryngeal complication, only by local application. The failure to diagnose without the aid of the laryngoscope must be admitted by every practitioner. I submit the following illustration:

Miss. S., æt. 24, teacher in a public school, had been for years afflicted with laryngeal catarrh and irritable throat. On returning from school she was overtaken by a severe snow storm, and it was with difficulty she reached her home. Her physician was summoned, who found her as follows: dysphonia, dyspnœa; inspiration and expiration deficient, dry cough, causing pain in the left infraclavicular chest, with sibilant rhonchi. A very anxious countenance, pulse 110, temperature 102. I was invited to meet the physician the following morning, as there was no improvement. At this time there was complete aphonia. I advised Bell. by inhalation, as hot as could be borne, the neck to be enveloped with hot fomentations and Merc. iod. 6x every four hours. The patient was very much re-

lieved in forty-eight hours and I was enabled to make a laryngoscopic examination.

The tissues of the larynx were puffed out and dark red; the arytenoids hypertrophied. The vocal cords were almost hid from view. The tumefaction was so great and so general, that the prominences of Wrisberg and Santorini could not be recognized. The treatment consisted in the application of the Iodine and Glycerine solution, bringing about a cure in less than three months.

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### GUACO—MIKANIA GUACO.

Eupatorium Guaco, described by Humboldt and Bonpland, under the name Mikania Guaco a native of South America.

Don Andreas Dias, a planter of Cuba, administered it to 349 negroes with Cholera, 93 in the collapsed stage and only one died, a negress 84 years of age. Dr. Howard, of Philadelphia, gave an account of six cases of cholera treated with it in vol. 2, N. Amer. Jour. Hom., all of which were cured; but from the description of the cases they do not seem to have been cholera cases.

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HYPERICUM PERFORATUM.—It was used by Hippocrates for diseases of the chest, in dysmenorrhœa, and leucorrhœa. The Arabian physicians esteem the seeds highly in anal and bowel difficulties. It is said by Dr. Roth to be especially indicated in skin diseases, particularly where parasites are supposed to be present.

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CASTANEA VESCA (CHESTNUT LEAVES).—The Am. Jour. Phar., for 1863, called attention to the usefulness of this plant in whooping cough, written by Dr. Geo. C. Close of Brooklyn, N. Y. It has been used by many of our physicians for the same purpose. Who can refer us to a proving?

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UNQUESTIONABLE TESTIMONY.—Dr. Jno. Morris, Baltimore, Md., Dr. T. Hamilton Bush, New York city, Dr. J. J. Collins, Guilford, Indiana, and Dr. Edward Alcorn, Hustonsville, Ky., all physicians of the highest standing, write that they have tried POWELL'S BEEF, COD LIVER OIL AND PEPSIN, (the superior food tonic nutritive and digestive) and recommend it highly.—*Clipping*.

## Colleges, Societies, etc.

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ALBERT LODGE, M. D., DETROIT, MICH., EDITOR.

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### UNIVERSITY OF MICHIGAN.

#### HOMŒOPATHIC COLLEGE.

*The Regents Acquit Prof. Franklin on Two Charges and Reserve Further Judgment. Ann Arbor, Dec. 8th.*

The regents of the university who have been considering the charges made against Prof. Franklin, in the matter of two of the allegations have arrived at decisions. These allegations or charges were as follows:

"1. That on the 16th of April he knowingly issued to C. Howard Skeels, a false certificate of attendance upon the homœopathic college.

"2. That in defending himself against the above charge at a previous meeting of the board he introduced to the medical committee false and manufactured testimony to exculpate himself from said charge."

In the first count they decided that he did not knowingly do so. In the second matter they decided that the charges were not sustained by the proofs. The third charge was "That in violation of express rules and action of the board he published in an Ann Arbor paper a personal attack on Prof. Donald Maclean, of the department of medicine and surgery." On this count more time was required for consideration, and their decision was reserved until the January meeting.

As Dr. Maclean has been charged by the homœopaths with violating certain rules of the board he has demanded an investigation.

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A GOOD OPENING for a homœopathic physician can be obtained by purchasing about \$100 worth of medicine, and books. A growing village, resident population 2,500; it being a summer resort the population is from 6,000 to 10,000. Address box 1774, P. O. Bay City, Michigan.

## A MERRY CHRISTMAS AND A HAPPY NEW YEAR!

As the holidays approach, all men are thinking, "*What will be the best present I can make my wife!*" This gives you the opportunity of urging the value and fitness, as a

## CHRISTMAS GIFT,

of a life policy in the Homœopathic Mutual. All policies ordered for this purpose, if it be so directed, will be dated 25th December, and will be handsomely engrossed.

 Get your applications in early.

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CORRECTIONS CORRECTED.—E. A. Lodge, Sr., M. D.: Dear sir:—Your correction of the spelling of the word "*Britannica*," is still erroneous. I do not wish to appear importunate about the matter, but I should feel gratified to see the word properly corrected in the next issue of the OBSERVER. In the second and concluding part of my article the following mistakes occur: Page 451, twelfth line from the bottom "*Femelius*" has two l's. Page 454, eleventh line from the bottom "*maxim*" has supernumary "u" between the i and m. Page 455, sixteenth line from top, "*Alexander*" has a superfluous "l." Otherwise the article is correctly printed for which accept the thanks of

Yours fraternally and respectfully,

*Baltimore, Dec. 3, 1881.*

ELDRIDGE C. PRICE.

Another mistake: Page 488, clotar for Clotar, in part of the edition. We wrote Clotar plain enough but compositor for once appeared to think a man's given name should commence with a small letter.

E. A. L.

---

NEW YORK MEDICAL COLLEGE AND HOSPITAL FOR WOMEN once more comes to the front, this time in a new location and apparently possessed of more than the usual amount of life and vigor. The trustees have been fortunate in securing the building formerly occupied by the Hahnemann Hospital, No. 213 W. 54th street and here the college will hold its sessions and the hospital work will be resumed. The building is admirably suited to both purposes. The Medical Department opened its session by interesting exercises on Saturday evening, October 1st. Short addresses were made by the Dean, Dr. C. Lozier, Dr. S. S. Danforth and Josiah P. Fitch, Esq. The class is a large one—many new students have matriculated.

## The Laugh Cure.

---

"A MERRY HEART DOETH GOOD LIKE A MEDICINE."—SOLOMON.

---

HYGIENIC VALUE OF MIRTH. (*Popular Science Monthly*.)  
Dr. Oswald—"Mirth has a hygienic value that can hardly be over-rated while our social life remains what the slavery of vices and dogmas has made it. Joy has been called the sunshine of the heart, yet the same sun that calls forth the flowers of a plant is also needed to expand its leaves and ripen its fruit; and without the stimulus of exhilarating pastimes, perfect bodily health is as impossible as moral and mental vigor. And, as sure as a succession of uniform crops will exhaust the best soil, the daily repetition of a monotonous occupation will wear out the best man. Body and mind require an occasional change of employment, or else a liberal supply of fertilizing recreations, and this requirement is a factor whose omission often foils the arithmetic of our political economists.

"To the creatures of the wilderness affliction comes generally in the forms of impending danger—famine or persistent persecution, and under such circumstances the modifications of the vital process seem to operate against its long continuance. Well-wishing Nature sees her purpose defeated, and the vital energy flags -- the sap of life runs to seed. On the same principle an existence of joyless drudgery seems to drain the springs of health, even at an age when they can draw upon the largest inner resources; hope, too often baffled, at last withdraws her aid; the tongue may be attuned to canting hymns of consolation, but the heart cannot be deceived, and with its sinking pulse the strength of life ebbs away. Nine-tenths of our city children are literally starving for lack of recreation; not the means of life, but its object, civilization has defrauded them of; they feel a want which bread can only aggravate, for only hunger helps them to forget the misery of *ennui*. Their pallor is the sallow hue of a cellar-plant; they would be healthier if they were happier. I would undertake to cure a sickly child with fun and rye-bread sooner than with tidbits and tedium."

SHEARING THE LAMBS. (*Medical Record*.)—Dr. Samuel W. Francis gave the advice, "Temper the wind to the shorn lamb," but shear the lamb.

A CLOWN'S RIDE.—One night a French circus rider—one of the famous Franconi family—was journeying between Perigord and Bordeaux, when news reached him that his wife, who was at some distance away, was dying. At any price he must have a horse, but none was to be found. Finally, however, he heard of a horse, but was informed that “he is a wicked brute, whom no one can ride—he will kill you.” Franconi laughed and said: “We will see about that; bring him out?” He vaulted on the animal's back, pressed his knees into his sides, and soon mastered its struggles. Then, through the night, along the highway, standing on the back of the horse, as though in the circus ring, the famous *ecuyer* passed through the country, his hair blowing in the wind, and beating time with his feet as he shouted to the frightened beast, “Hoop a la, hoop a la!” as though he was doing his great act before a crowded house in Paris. The peasants of Perigord who, that night, heard the wild galloping of the horse, and who ran to the door to see what they imagined to be the devil passing them, will not to this day believe it was a clown hastening to the bedside of his dying wife.

---

A GOOD LAUGH. (*Good Health*.)—What a capital, kindly, honest, jolly, glorious thing a good laugh is! What a tonic! What a digester! What a febrifuge! Better than a walk before breakfast or a nap after dinner. How it shuts the mouth of malice and opens the brow of kindness! How like a thing of beauty it is a joy forever; there is no remorse in it. It leaves no sting except in the sides, and that goes off. Even a single unparticipated laugh is a great affair to witness. But we are glad it is seldom single. It is more infectious than scarlet fever, you cannot gravely contemplate a laugh. If there is one laugher and one witness, there is forthwith two laughers. The convulsion is propagated by sound. What a soul-inspiring thing it is when it becomes epidemic.

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NIGHT-DRESS.—(*Med. and Surg. Reporter*.) Prof. Charcot is not so familiar with the English language as with the nervous system. At the meeting of the International Medical Congress several English and foreign doctors were discussing the style of apparel most suitable for a reception which was to come off that evening. Prof. Charcot quietly observed, “As for me, I shall go in my night-dress.”

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SECRETARY OF THE INTERIOR.—The late Delmonico, the New York caterer, is spoken of by the Elmira Free Press as the greatest secretary of the interior that ever lived.

## Personal Notices, etc.

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CLARK.—S. W. Clark, M. D., recently of the house staff of Ward's Island homœopathic hospital has succeeded to the practice of the late J. J. Youlin, M. D., of Jersey City, N. J.

EDMONDS.—The faculty of Bethany College, Va., has conferred the degree of A. M. upon W. A. Edmonds, M. D., of St. Louis, Mo. An honor well deserved.

GATCHELL. — We thought that we had done well to educate three of our six sons for the medical profession but our old friend Horatio P. Gatchell, M. D., has done better; his wife is a medical graduate, and there follows five sons: H. P. Gatchell, Jr., M. D., Henry T. Gatchell, M. D., Chas. Gatchell, M. D., Edwin A. Gatchell, M. D., Ernest E. Gatchell, Ph. C. (Where is H. T. F. Gatchell? Is that another son or the same as Henry T?) All these appear as editors and contributors of a neat little paper, "Good Health," published at Charlotte, N. C., which is good enough to have a new name, the name it bears is the same as a sanitary magazine published for some years at Boston, Mass.

GILCHRIST.—J. G. Gilchrist, M. D., of Detroit, appointed Valedictorian Iowa University Homœopathic College.

LILIENTHAL.—We are deeply pained to receive the following note from our esteemed colleague, Prof. Lilienthal:

NEW YORK, Dec. 5, 1881.

MY DEAR LODGE:—I fear that the days of my literary usefulness are going to their end. A cataract is forming on my left eye, so that I have nearly lost the sight of that eye, and Drs. Allen and Norton forbid the use of the other eye at night, the only time when a practitioner can do such work. God's will be done, I will not grumble, they have worked faithfully for sixty-six years. Still I hope to do something yet for the OBSERVER.

Yours fraternally,

S. LILIENTHAL.

We trust the treatment will result in complete recovery.

STEWART.—The late Robert G. Stewart, Esq., of Buffalo, N. Y., left \$10,000 to the Homœopathic Hospital, of Buffalo, N. Y.

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## NECROLOGICAL.

PAUL.—C. T. Paul, M. D., of New York city, is dead.

YOULIN.—J. J. Youlin, M. D., of Jersey City, N. J., departed this life on the 30th of October, 1881, at the age of 61. He was a good practitioner, and will be long remembered as an earnest worker in State and National organizations.

## American Observer.

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E. A. LODGE, SEN'R, M. D., DETROIT, MICH., GENERAL EDITOR.

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### CLOSE OF THE EIGHTEENTH YEAR.

We bring our labors to an end, for this year, with a grateful heart. The special causes of thanksgiving are very numerous. We will name but a few:

1. We are thankful to our friends who, remembering our punctuality of so many past years, have borne with our tardiness during the present, and we are glad to be able to give them the assurance of our new printer that there will be no cause of complaint on this score hereafter.

2. We are grateful to so many friends who commenced to walk with us in this enterprise eighteen years ago who are still with us, giving us every fair encouragement and support.

3. Then we remember the new subscribers who have been added to our list, and who furnish valuable assistance.

4. With recovered health we hope to be able to make our issue for 1882, the nineteenth year of this Journal, the best. We have already in type a number of very fine articles for the January number and trust that it will be followed by numbers increasing in interest and practical value.

#### CLUBBING.

In reply to enquiries we will say that the price of the OBSERVER and any two dollar homœopathic Journal taken with it, when payment is made to this office, will be \$3.50; with any \$3 homœopathic Journal, \$4.25; with the *Independent*, New York, \$4.25; with the *American Agriculturist*, \$3.25. Rates with other Journals furnished upon application.

Subscribers who desire to complete their sets will be furnished with missing numbers at 10 cents each, and complete volumes (unbound) at 93 cents, by mail, postage prepaid.

Address: E. A. LODGE, Sen'r, M. D.,  
15 Washington ave., DETROIT, MICH.

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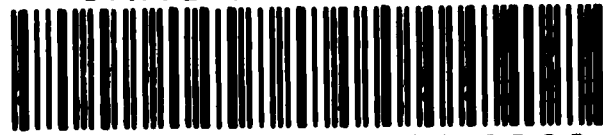








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